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President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. **(415) 554-2666**
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Web Site: http//www.dph.sf.ca.us
E-mail: health_commission@dph.sf.ca.us

PUBLIC NOTICE

CHANGE OF DATES

HEALTH COMMISSION MEETINGS

The Health Commission will hold its regular meetings in the month of January 2002 only, on the second and fourth Tuesdays, as follows:

January 8 and 22, 2002

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Posted December 10, 2001

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AGENDA

HEALTH COMMISSION MEETING

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JAN - 4 2002

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Tuesday, January 8, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P. M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF DECEMBER 18, 2001**
**Minutes of December 18, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) AIDS Office – Request for approval of a retroactive contract modification with Positive Resource Center, in the amount of $140,000, for a total contract amount of $365,000, to provide staff support and consultation services to the HIV Health Services (CARE) Planning Council, for the period of March 1, 2001 through February 28, 2002.
** Calendaring request memo*

(3.2) AIDS Office-Prevention – Request for approval to accept and expend retroactively a one-year grant from the Regents of the University of California in the amount of $72,500 for an HIV prevention planning collaborative allocation tool project, for the period of September 30, 2001 to September 29, 2002.
** Calendaring request memo, Grant information form, Budget page*

(3.3) CHN-Laguna Honda Hospital – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, on behalf of the UCSF Department of Physiological Nursing, in the amount of $174,879, to provide specialized gerontological care services, for the period of October 1, 2001 through September 30, 2002.
** Calendar request memo, Monitoring report summary*

(3.4) CHN-Office of Managed Care – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, on behalf of the UCSF Medical Center, in the amount of $1,700,000, to provide tertiary care services, for the period of July 1, 2001 through June 30, 2002.
** Calendar request memo, Monitoring report summary, and summary of client demographics*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Report*

5) **PROPOSED ACTION:** **ADOPTION OF A RESOLUTION COMMENDING THE START OF ENROLLMENT IN THE NEW HEALTHY KIDS PROGRAM AND PROCLAIMING JANUARY 13, 2002 AS "HEALTHY KIDS DAY"**
**Resolution*

6) **FOR DISCUSSION:** **FEDERAL LEGISLATIVE UPDATE**
(Colleen Johnson, Acting Director, Office of Policy and Planning)
**Report*

7) **FOR DISCUSSION AND PROPOSED ACTION:** **EEO ANNUAL REPORT AND CONSIDERATION OF ADOPTION OF STANDARADS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH CARE**
(Norm Nickens, Director, Office of Equal Employment Opportunity, Affirmative Action and Cultural Competency)
**Report, Resolution*

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 8, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The Health Commission meeting was called to order by Commissioner Roma P. Guy, M.S.W. at 3:05 p.m.

Present:	President Roma P. Guy, M.S.W. Vice President Edward A. Chow, M.D. Commissioner Arthur M. Jackson Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF DECEMBER 18, 2001

Action Taken: The Commission approved the Health Commission minutes of December 18, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired, and Commissioner Monfredini attended, the Budget Committee meeting.

(3.1) AIDS Office – Request for approval of a retroactive contract modification with Positive Resource Center, in the amount of $140,000, for a total contract amount of $365,000, to provide staff support and consultation services to the HIV Health Services (CARE) Planning Council, for the period of March 1, 2001 through February 28, 2002.

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining from voting on Items 3.2, 3.3 and 3.4.

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)

Chinatown Public Health Center

The Chinatown Public Health Center received an Appreciation Award from NICOS at their annual meeting in December. NICOS is a coalition of health, mental health and social service agencies serving the Chinese community. The Health Center was recognized for outstanding work enhancing the health and wellness of the San Francisco Chinese community. Two special projects were highlighted: the Chinese Women Cancer Support group and recent issuance of their stories, and the publication of "Healthy and Delicious" low fat Chinese cookbook, which incorporates important nutrition education. Both publications are "first of their kind" and are presented in Chinese and English.

Community Mental Health Staff Departures

Louise Rogers, Planner and Risk Manager for CMHS, is leaving after seven years to become Deputy Director of Operations for San Mateo County Mental Health. Louise was instrumental in a large number of innovations at CMHS, including the successful design and implementation of the Single Point of Responsibility programs.

Fire Updates

The Department of Public Health routinely responds to fires and other incidents that displace residents. Working with the Department of Human Services, Mayor's OES, and the American Red Cross, the Health Department assures that displaced residents have temporary housing, access to their prescriptions, mental health counseling, and food. DPH staff has been very busy during the last few weeks, responding to three fires and continuing to do follow up services. Special thanks to Charlie Morimoto and Mike Petrie for their response efforts.

227 Turk Street

As reported at the last Commission meeting, a fire occurred December 15th at a 66-unit apartment building on Turk Street. At that time, we believed that residents of the unaffected units would be able to reoccupy by December 23rd. The process took longer than we had anticipated, but residents were back in the building to welcome the New Year. Inhabitants of the 5 severely burned units have been vouchered into hotels, and we are working to find alternative housing.

Update for 449 O'Farrell St. Fire

Fire broke out in a 28-unit apartment building at 449 O'Farrell Street in the early morning hours of December 23rd. Thanks to the work of the City response team, including Charlie Morimoto, and DPH outreach staff, residents of the 20 unaffected apartments were able to reoccupy their units December 29th. DPH is looking to secure long term housing for the seven families still displaced.

Clay and Locust

On Saturday, January 5, Mike Petrie, from the Department's EMS section, responded with the Fire Department, Mayor's Office of Emergency Services and the American Red Cross to a 4-alarm fire in three apartment buildings at the corner of Clay and Locust Streets. There were not fatalities or injuries, but 19 adults and 5 children living in 15 apartments were displaced. All of the displaced residents were able to find housing with family and friends.

Commissioners' Comments

- Commissioner Parker asked if any special or additional preparations have been taken to provide services to the homeless during the winter months. Dr. Katz responded that the Mayor's Office of Homelessness has opened 550 shelter slots as part of its winter program. Ms. Kronenberg added that over the last week an additional 40 shelter beds were opened.

- Commissioner Umekubo shared that, on Christmas Eve, the house next door to his caught on fire. He was impressed by the response of the San Francisco Fire Department and the Red Cross.

- Commissioner Guy commended Dr. Katz for attending at San Francisco General Hospital during December.

- Commissioner Chow asked what triggers the Health Department's response to a fire. Ms. Kronenberg replied that the 911 Dispatch Center calls the Health Department for three-alarm fires or greater. However, she has asked that the Department be informed for two-alarm fires as well, or when more than 12 people will potentially be displaced.

5) ADOPTION OF A RESOLUTION COMMENDING THE START OF ENROLLMENT IN THE NEW HEALTHY KIDS PROGRAM AND PROCLAIMING JANUARY 13, 2002 AS "HEALTHY KIDS DAY"

Jean Fraser, Executive Director of the San Francisco Health Plan, presented a proposed resolution that commends the beginning of enrollment in the new Healthy Kids Program. There will be an official launch Thursday, January 10, 2002, and the first of many big enrollment events will occur this weekend.

Commissioners' Comments

- Commissioner Monfredini asked what happens to the 1,200 children who will not be eligible for any public health insurance program. Ms. Fraser responded that these children are members of families whose income is above 300 percent of the poverty level. The policy decision was made to make a cut off at 300 percent because it is believed that income level is sufficient to purchase private insurance (for a family of four, this is $53,000). The San Francisco Health Plan has developed a list of alternative private insurance providers to refer people to.

- Commissioner Parker clarified that, if the 1,200 children are somehow covered, San Francisco will have 100 percent health insurance coverage for San Francisco children.
- Commissioner Guy said that this program was one of the Health Commission's top priorities, and was pleased to see that it is now ready to begin enrollment.
- Commissioner Chow said that there will always be some people who elect not to get health insurance. While it is a complicated issue, he understands the 300 percent cut off because there should be an obligation on the part of the family to pay its fare share if it is able so that dollars can truly be directed toward the very needy children. Commissioner Chow commended the City and the Health Plan for achieving such a broad level of coverage.

Action Taken: The Commission unanimously approved Resolution #01-02 titled "Commending the Start of Enrollment in the New Healthy Kids Program Offered Through the San Francisco Health Plan, Encouraging San Francisco Families to Obtain Health Coverage for Their Uninsured Children Regardless of Immigration Status, and Proclaiming January 13, 2002 'Health Kids Day' in the City and County of San Francisco," (Attachment A).

6) FEDERAL LEGISLATIVE UPDATE

Colleen Johnson, Acting Director, Office of Policy and Planning, presented the Federal Legislative Update. Ms. Johnson summarized the Department's federal legislative and budget priorities, as well as the major federal policy initiatives and budget actions on which the Department worked in 2001.

2001 Legislative Priorities

- Medicaid County Organized Health Systems (COHS)
- HIV/AIDS Funding
- Hospital Facility Replacement
- Public Health Funding
- Substance Abuse -- Treatment on Demand

The First Session of the 107th Congress

This session was marked by extraordinary events, including a contested election, the largest tax cut in more than 20 years, dramatic change in control of the Senate, the terrorist attacks of September 11 and economic decline. With new legislative and budget priorities that emerged as a result of September 11, several pieces of business were left unfinished.

Federal Budget

As a result of Congresswoman Nancy Pelosi's efforts, the 2001-2002 federal budget included two of the Department's 2001 budget initiatives: $1 million for San Francisco's Treatment on Demand Initiative; and $650,000 for HIV care and services at San Francisco General Hospital for women and persons of color.

Upper Payment Limit
In November 2001, the Bush Administration proposed a new rule, which reduces the Upper Payment Limit (UPL) from 150 percent to 100 percent. This decrease will impact the Department beginning in 2004, with the full reduction in 2010. The estimated impact on San Francisco General Hospital is $10 million. The Department is working closely with its California coalition partners, CAPH and CHA, to attempt a California-specific remedy. A legislative fix was not achieved before Congress adjourned in December, although there was language in the conference report to the Labor/HSS/Education Appropriations bill that supports the higher UPL.

Bioterrorism
Congress approved a $20 million anti-terrorism package, which includes $865 million for upgrading state and local public health capacity and $135 million to assist hospitals and emergency departments. Legislation specifying how the money will be spent did not pass, so the Secretary of Health and Human Services was charged with developing a distribution plan.

Federal Medical Assistance Percentage (FMAP)
The Federal Medical Assistance Percentage (FMAP) is the portion of Medicaid and the State Children's Health Insurance Program that is paid by the federal government. California's FMAP decreased from 51.4 percent in 2002 to 50 percent for 2003, which is estimated to cost California $400 million per year.

Mental Health Parity
The 1996 federal mental health parity law expired September 30, 2001. Congress considered an expansion of the law that would close loopholes in the 1996 law by requiring insurers that provide mental health coverage to offer those benefits at the same level as physical health coverage with respect both to costs (such as deductibles) and to access to services. This effort was not successful. However, though the federal initiative was unsuccessful, California law still provides for mental health parity. State bill AB 88, authored by Assemblywoman Helen Thomson, was passed in 1999 and, as of July 1, 2000, requires health plans to provide coverage for severe mental illness.

State Plan Amendments for Laguna Honda
The State Legislature approved three programs that would provide additional Medicaid funding for Laguna Honda Hospital.

- SB 1128 will provide supplemental Medicaid reimbursement to help pay for the debt service on the rebuild of Laguna Honda Hospital.
- One-time funding for distinct part nursing facilities was included in the 2000-01 State budget.
- The Public Distinct Part Nursing Facility Supplemental Reimbursement Program was included in the 2001-02 State budget.

340B Drug Pricing for Inpatient Pharmacies
Through the Public Hospital Pharmacy Coalition and the City's federal lobbyist, the Department advocated to clarify the current CMS interpretation and of the best price exemption to ensure public inpatient pharmacies were eligible for the same discounts that are given for outpatient drugs. Unfortunately there was no legislative clarification on this issue, but the Department was able to secure strong support from the San Francisco Congressional delegation to continue to support efforts next year.

Community Based Services
The Department submitted comments on the New Freedom Initiative, President Bush's initiative to remove barriers to independent living for people with disabilities. The Department proposed

various suggestions about how federal agencies could work together to ensure that services were available for persons with disabilities in the least restrictive setting.

Nursing Workforce Shortage Legislation
The House and Senate each passed bills that attempt to address the nursing workforce shortage, but neither has yet to be finalized. The $136 million Senate bill is broader that the House bill, which has no price figures. Both will go to conference committee when Congress reconvenes.

2002 Federal Legislative Priorities

- Medicaid
  - Upper Payment Limit – ensure maintenance of an upper payment limit of 150% for California
  - Disproportionate Share Hospital Program – Eliminate and/or reduce future Balanced Budget Act-imposed reductions.
  - County Organized Health Systems
- Health Care Workforce Shortage – support initiatives that will increase the health care workforce.
- HIV/AIDS Funding – seek additional funding to minimize cuts in service as a result of a loss of $545,000 in Ryan White Title I formula funding in both FY 2002 and FY 2003.
- Substance Abuse, Treatment on Demand – seek to institutionalize funding of $1.3 million for San Francisco's Substance Abuse Treatment on Demand initiative.
- Community-Based Services
  - Ensure access to appropriate community-based services as an alternative to inpatient care.
  - Pursue a HUD waiver to prioritize subsidized housing for persons leaving institutional care to community.

Commissioners' Comments

- Commissioner Monfredini asked if the federal "homeland security" money would come directly to public hospitals, and if it will be earmarked for particular activities. Ms. Johnson replied that it will most likely go through the State, who will determine how it can be used. At this time there are no details as to how the money will be spent, and the federal government is seeking input from local and state entities. Dr. Katz added that San Francisco is considered a territory by the CDC, so it might get a separate allocation without having to go through the State. Also, there seems to be a growing consensus that good bioterrorism preparedness is not one particular activity, but rather good general public health—surveillance, communication, infection control, nursing and other functions.

- Commissioner Chow asked if the Department is participating in the various nursing workforce initiatives. Ms. Johnson responded that the Department's lobbyist and delegation have been involved in the nursing workforce legislation that will be considered in the 2002 session.

- Commissioner Umekubo asked what impact the FMAP decrease will have on the Department. Ms. Zmuda said that this will depend on how much the State will accept this reduction or if they will choose to pass this reduction on to local governments. They will know better when the State budget it released on Thursday.

- Commissioner Guy asked if the Department is specifically pursuing the exemption from the new upper payment limit level. Ms. Johnson said yes, and all of California is united on this approach. Dr. Katz added that he has made calls to Senator Feinstein's office on this issue because it is so critical to the department's fiscal ability to provide services.

7) EEO ANNUAL REPORT AND CONSIDERATION OF PROPOSED ADOPTION OF STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH CARE

Norm Nickens, Director of the Office of Equal Employment Opportunity, Affirmative Action and Cultural Competency, presented the annual EEO report.

EEO

In FY 2000-01, the EEO Office received 58 formal complaints of discrimination or harassment. These numbers do not include all requests for reasonable accommodation under the ADA.

There was a significant increase of complaints filed on the basis of disability, which in part reflects a change in State law that substantially expanded the definition of disability. Mr. Nickens stated that this change has impacted the Department.

Another change that happened in 2001 is that, through court decisions, Proposition 209 has been firmly applied to public sector employment. Thus the annual affirmative action plan that was previously submitted to the Commission on an annual basis will be replaced by a new Equal Employment Opportunity report, the format of which is still under review by the City Attorney's Office.

Mr. Nickens stated that one of the major challenges is trying to improve the communication and coordination between the Department's EEO activities, its human resources activities and its workers' compensation programs. The EEO office is working with other City departments and the City Attorney's office to develop training programs for all City managers on the interaction between workers' compensation, ADA and leave policies. The goal is to find a way to simplify the process such that an employee does not have to fight her or his way through three complex system.

Equal Access to Services Ordinance.

Mr. Nickens then gave an update on the Equal Access to Services ordinance, which was adopted by the Board of Supervisors last year. The ordinance specifically requires the provision of translation services to limited English proficient clients, the availability of services and interpretation at the point of public contact and a uniform, departmentwide grievance process. Mr. Nickens said that adequate programs are already in place at San Francisco General Hospital, and the goal is to use these as models for other areas of the Department. The draft implementation plan is due on February 1, 2002. Preliminary first year goals are identification of bilingual clients, bilingual workers and complaints regarding lack of translation services and development and posting of bilingual signage related to request for translation. Mr. Nickens stated that the advocates that brought this to the Board of Supervisors have made it known that they intend to scrutinize two departments: the Police Department and the Department of Public Health.

Employee Assistance Program

The Employee Assistance Program (EAP) was placed under the EEO Office in August 2001. The EAP provides services to employees of all City and County departments, as well as employees of the San Francisco Unified School Districts. EAP offers counseling in a number of areas, including depression, substance abuse, parenting skills, workplace violence and others. This unit has been increasingly called upon to provide organizational development services to other departments as well. The work of this unit was heavily impacted by September 11th and its aftermath. During the three weeks following September 11th, EAP counselors went out to 19 City worksites. Mr. Nickens intends to "re-launch" EAP to the various Departments throughout the City and County so that employees are aware of its resources.

Cultural Competency
Mr. Nickens said that the EEO Office formed an interim Task Force on Cultural Competency to review the Department's cultural competency standards and suggest changes. Mr. Nickens summarized the recommendations that resulted from this review.

1. Establish an ongoing Cultural Competency Task Force that includes departmental and community representatives. Mr. Nickens hopes to add 5-7 community representatives, and will finalize the list of community individuals on Friday, January 11. He is recruiting individuals with significant experience in developing standards on culturally competent services and/or bilingual services as well as individuals from the disability community and Department contractors. Mr. Nickens will present this list to the Commission through the Population Health and Prevention Joint Conference Committee.

2. Adopt Culturally and Linguistically Accessible Services (CLAS) standards as guidelines.

3. Require cultural competency objectives, where appropriate, in all contracts. Mr. Nickens hopes to have training in place by March and objectives in contracts by July.

4. Develop standardized monitoring tool for the evaluation of cultural competency in the contract monitoring process.

5. Develop a series of training programs based on a train the trainer model for both DPH staff and contractors.

6. Develop web-based resources, including training materials, local resources and model policies and procedures.

Mr. Nickens said that there are advantages and disadvantages to using the CLAS standards that were developed by the Office of Minority Health. Among the disadvantages are that they were developed for large health care institutions as a result of a national process, are weak on disability and silent on sexual orientation. They are strong in responding to the needs of racial and ethnic minority populations. They are being recommended as guidelines because they provide a formal definition of cultural competency, and a uniform working set of standards on cultural and linguistic competency for contractors and Department staff. The guidelines will be adopted as guidance, and adapted to reflect local priorities.

Commissioners' Comments

- Commissioner Parker asked if the Department is required to have CLAS standards. Mr. Nickens replied that some aspects of the CLAS standards currently exist as part of federal contracting requirements, for example the provision of bilingual services. Commissioner Parker asked for clarification that DPH is adding standards beyond what is required. Mr. Nickens said that many of these standards are going to ultimately become requirements, so the Department is getting ahead of the curve. In addition, the CLAS standards have broad applicability for funding agencies, accreditation agencies, etc. Commissioner Parker asked if resources are available for smaller contractors to help meet these new standards. Mr. Nickens said that the first year goal is to have sample policies on the website, and a possible second year goal is to offer technical assistance to agencies. Commissioner Parker asked if the EAP program is available for the contractors. Mr. Nickens replied that EAP services are available to City and County employees, their family members and significant others.

- Commissioner Umekubo asked if a standard self-assessment tool has been developed. Mr. Nickens replied that the Department has not been overly prescriptive to agencies in terms of what constitutes self-assessment. The self-assessment tool for the Department has not yet been developed. Commissioner Umekubo stated that it is an enormous task to train all DPH staff. Mr. Nickens said that he is hesitant to recommend mandatory training for all staff, but he is currently identifying which key divisions and/or key staff do need mandatory training.

- Commissioner Chow asked if the Department is expecting outcome measures from agencies prior to the completion of training on the new standards. Mr. Nickens acknowledged that this is a challenge, but wants to make the attempt to have some measures in the next contract cycle. Commissioner Chow said that the resolution gives a framework by which San Francisco can lead the country in cultural competency.

- Commissioner Guy asked that the membership list of the Cultural Competency Task Force be forwarded to the Health Commissioners once the community representatives have been appointed. She also asked that an update be presented to the Population Health and Prevention Joint Conference Committee. Mr. Nickens suggested that this be done after March, as some of the training sessions will have been completed and the preliminary draft of compliance with Equal Access to Services Ordinance will have been submitted to the Immigrants Rights Commission.

Action Taken: The Commission unanimously approved Resolution #02-02, "Amending the Department of Public Health's Policy Directive 24, Contractors' Compliance with Antidiscrimination Protections and Cultural Competency, and Adopting Guidelines for Culturally and Linguistically Appropriate Services (CLAS) in Health Care," (Attachment B).

Commissioner Sanchez left the meeting at 4:50 p.m.

8) PUBLIC COMMENTS

Michael Lyon, Coalition to Save Public Health, talked about the cost of the PBM contract. His opinion is that there is no way the Department can get better pricing in the contract without 340B pricing. Mr. Lyon submitted an immediate disclosure request for certain information related to the pharmacy.

9) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-02

COMMENDING THE START OF ENROLLMENT IN THE NEW HEALTHY KIDS PROGRAM OFFERED THROUGH THE SAN FRANCISCO HEALTH PLAN, ENCOURAGING SAN FRANCISCO FAMILIES TO OBTAIN HEALTH COVERAGE FOR THEIR UNINSURED CHILDREN REGARDLESS OF IMMIGRATION STATUS, AND PROCLAIMING JANUARY 13, 2002 "HEALTHY KIDS DAY" IN THE CITY AND COUNTY OF SAN FRANCISCO

WHEREAS, there are 9,200 uninsured children in San Francisco, of which approximately 5,000 will be eligible for the new Healthy Kids Program, 3,000 are eligible for other state and federal public health insurance programs, and the remainder ineligible for any public health insurance program; and,

WHEREAS, in recognition of this critical need, the City and County of San Francisco has provided funding to the San Francisco Health Plan to develop the Healthy Kids Program, which will provide full medical, prescription, dental and vision coverage to uninsured San Francisco children, regardless of their immigration status; and,

WHEREAS, on December 21, 2001 the California Department of Managed Health Care issued an order authorizing the San Francisco Health Plan to commence the Healthy Kids Program; and,

WHEREAS, the San Francisco Health Plan may now start enrolling eligible San Francisco children in the Healthy Kids Program, and, in connection with its initial outreach activities, the Plan will hold several community-based enrollment events on and around January 13, 2001; and,

WHEREAS, the San Francisco Health Commission wishes to commend the start of enrollment in the Healthy Kids Program and to encourage all San Francisco families to obtain health coverage for their uninsured children by attending a Healthy Kids enrollment event or contacting the San Francisco Health Plan; and,

WHEREAS, the San Francisco Health Commission wishes to proclaim January 13, 2002 "Healthy Kids Day" in the City and County of San Francisco; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco hereby commends the start of enrollment in the Healthy Kids Program; and, be it

FURTHER RESOLVED, that all San Francisco families with uninsured children are hereby encouraged to attend the Healthy Kids enrollment events or contact the San Francisco Health Plan to obtain health coverage for their uninsured children; and, be it

FURTHER RESOLVED, that January 13, 2002 is hereby proclaimed "Healthy Kids Day" in the City and County of San Francisco.

I hereby certify that the Health Commission at its meeting of January 8, 2002 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-02

AMENDING THE DEPARTMENT OF PUBLIC HEALTH'S POLICY DIRECTIVE 24, CONTRACTORS' COMPLIANCE WITH ANTIDISCRIMINATION PROTECTIONS AND CULTURAL COMPETENCY, AND ADOPTING GUIDELINES FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH CARE

WHEREAS, the Health Commission has passed a series of policies since 1988 to govern the contracts of the Department of Public Health; and,

WHEREAS, the Health Commission periodically reviews and updates individual policies; and,

WHEREAS, federal, state and local laws prohibit the Department of Public Health from contracting with agencies that engage in discrimination; and,

WHEREAS, the U.S. Department of Health and Human Services, Office of Minority Health has issued national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care; and,

WHEREAS, the provision of culturally and linguistically appropriate services in an essential requirement for health care providers to provide effective services to diverse populations; and,

WHEREAS, the Department of Public Health is committed to developing and maintaining health services that are culturally and linguistically competent, consumer guided and community based; and,

WHEREAS, cultural competency policies and programs are a 'work in progress' on the federal, state and local levels; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco hereby adopts the CLAS Standards as published in the Federal Register on December 22, 2000 as guidelines, in order to provide a uniform framework for developing and monitoring culturally and linguistically appropriate services; and, be it

FURTHER RESOLVED, that in adopting the CLAS Standards, the Commission acknowledges that the CLAS Standards, as implemented by the Department of Public Health, are intended to be broadly inclusive of diverse racial, ethnic, sexual and other cultural and linguistic groups; and, be it

FURTHER RESOLVED, that in adopting the CLAS Standards as guidelines, the Commission acknowledges the need to modify these based on Department policies for Lesbian/Gay/Bisexual/Transgender standards and local circumstances reflecting the complexity and diversity of San Francisco's population; and, be it

FURTHER RESOLVED, that the Department of Public Health is directed to develop appropriate training programs and other resources for staff and contractors to effectively implement the CLAS Standards, including the development of contract objectives and monitoring protocols based on the CLAS Standards; and, be it

FURTHER RESOLVED, that the Department of Public Health periodically report back to the Health Commission on progress implementing the CLAS Standards, the impact of the Standards and any other proposed revisions that may be needed to assure the provision of culturally and linguistically competent services and compliance with nondiscrimination protections.

I hereby certify that the Health Commission at its meeting of January 8, 2002 adopted the foregoing resolution.

Michele M. Ols

Michele M. Olson
Executive Secretary to
the Health Commission

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

1/22/02

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us
e-mail: health_commission@dph.sf.ca.us

AGENDA

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HEALTH COMMISSION MEETING

Tuesday, January 22, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 8, 2002**
**Minutes of January 8, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

(3.1) **CHN-SFGH Nursing Operations** – Request for approval of new contracts with Code Blue Solutions, LLC, Maxim Healthcare Services and Medical Staffing Network, Inc., and contract modifications with C. W. Healthcare Services, HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, for a combined total of $1,500,000 for supplemental, temporary per diem and traveling nurse personnel services for San Francisco General Hospital, Community Health Network, for the period of September 1, 2001 through August, 31, 2002.
** Calendaring request memo, Vendor price lists, New Vendor information page*

(3.2) **CHP-Primary Care** – Request for approval of a new retroactive sole source contract with Shanti Project, in the amount of $175,000, to provide LifeLines project services that support women living with breast cancer, for the period of October 1, 2001 through June 30, 2002.
** Calendaring request memo*

(3.3) **PHP-Emergency Medical Services** – Request for approval to accept and expend a new grant from the California State Emergency Medical Services Authority, in the amount of $912,440, to promote access to trauma care at the Trauma Center, San Francisco General Hospital, for the period of July 1, 2001 to June 30, 2002.
** Calendaring request memo, Grant information form*

(3.4) **PHP-AIDS Office** – Request for approval to retroactively accept and expend a subcontract from the Regents of the University of California, San Francisco, Office of Research Administration, in the amount of $241,549, for a collaborative study of prevention for HIV-positive persons, for the period of September 30, 2001 to September 20, 2002.
** Calendaring request memo, Grant information form, Budget pages*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY**
**List of Awardees*

6) **FOR ACTION:** **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2002**

7) **FOR DISCUSSION:** **DEPARTMENTWIDE CAPITAL PROJECT UPDATE**
(John Kanaley, Sr. Associate Administrator for Support Services)
**Report*

8) **FOR DISCUSSION:** **EVALUATION OF THE USE OF PBM FOR MEDICAL PATIENTS**
(Sharon Kotabe, Director of Pharmaceutical Services, CHN)
**Report*

9) **PUBLIC COMMENTS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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Accessible Meeting Policy

Room #300, at 101 Grove Street, is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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San Francisco Department of Public Health

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Minutes of the Health Commission Meeting

Tuesday, January 22, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The Health Commission meeting was called to order to President Roma P. Guy, M.S.W. at 3:10 p.m.

Present:

- President Roma P. Guy, M.S.W.
- Vice President Edward A. Chow, M.D.
- Commissioner Lee Ann Monfredini
- Commissioner Harrison Parker, Sr., D.D.S.
- Commissioner David J. Sanchez, Jr., Ph.D.
- Commissioner John I. Umekubo, M.D.

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Absent:

- Commissioner Arthur M. Jackson

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 8, 2002

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved the minutes of the January 8, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired, and Commissioner Monfredini attended, the Budget Committee meeting.

> (3.1) CHN-SFGH Nursing Operations - Request for approval of new contracts with Code Blue Solutions, LLC, Maxim Healthcare Services and Medical Staffing Network, Inc., and contract modifications with C. W. Healthcare Services, HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, for a combined total of $1,500,000 for supplemental, temporary per diem and traveling nurse personnel services for San Francisco General Hospital, Community Health Network, for the period of September 1, 2001 through August, 31, 2002.
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(3.4) PHP-AIDS Office - Request for approval to retroactively accept and expend a subcontract from the Regents of the University of California, San Francisco, Office of Research Administration, in the amount of $241,549, for a collaborative study of prevention for HIV-positive persons, for the period of September 30, 2001 to September 20, 2002.

Commissioner Sanchez abstained from voting on this item.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining from voting on Item 3.4.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Anne Kronenberg Appointment Director of Policy and Planning

I am delighted to announce that I have appointed Anne Kronenberg to be the Director of Policy and Planning for the Department.

As the Commission is aware, Anne has served as the Director's Executive Assistant for the past almost eight (8) years. During that time, she has taken on increasingly large programmatic responsibilities. For example, she has served as our First Responder for fires and other City emergencies and disasters, has sat on the SRO Task Force, has served on the Local Homeless Board, and has become the coordinator of homelessness policy for the Department. During this time she has fulfilled her responsibilities as liaison to the San Francisco Board of Supervisors and the Director of External Affairs.

In her new role, Anne will continue to be the Department's liaison with the Board of Supervisors. In this way we will consolidate all external government relations within one office as our Federal and State policy liaisons have traditionally done through the Office of Policy and Planning. She will also continue to supervise our excellent Public Information Officer, Eileen Shields, who will join this larger office.

Besides providing excellent supervision to the Office of Policy and Planning, I believe Anne's appointment will enable the terrific staff of the Policy and Planning Office to contribute to our development of policies around homelessness and emergency preparedness.

Special admiration and gratitude goes to Colleen Johnson who has served as the Interim Director of Policy and Planning since the departure of Tangerine Brigham. Colleen has done a fantastic job and has been commended to me by the offices of numerous State and Federal elected officials. She will continue in a leadership position within the Office of Policy and Planning.

Governor's 2002-03 Budget Summary

On January 10, 2002, the Governor released his proposed FY 2002-03 State Budget. The $100

billion budget proposes to bridge a $12.5 billion shortfall for the remainder of this fiscal year and 2002-03 through several fund shifts, loans, bond initiatives and federal revenue assumptions. However, the Legislative Analyst has reported that the Governor's budget is "overly optimistic." The Governor's combined current year and budget year revenue estimates are $3.3 billion above the Legislative Analyst's estimate. Additionally, because the Governor's proposal relies heavily on one-time solutions and, therefore, pushes a number of expenses into the future, the Legislative Analyst predicts this budget would leave the State with a $4 billion operating deficit in 2003-04.

To minimize the impact of the budget shortfall on health programs, the Governor is relying on:

- the issuance of a $2.4 billion bond backed by Tobacco Settlement Fund revenues, the proceeds of which will be placed in the General Fund to support health programs;
- $666 million in increased reimbursement from the federal Health and Human Services Agency in the current year, including a $400 million increase in federal share of Medi-Cal as part of an economic stimulus package; and
- an additional $350 million in federal reimbursements to offset current and prospective state and local government expenditures related to terrorism, including bioterrorism.

To the extent these and other revenue assumptions do not materialize, the Legislature will be faced with making additional cuts. Following are the major changes to health programs that the Governor has proposed:

Medi-Cal Program

- Disproportionate Share Hospital (DSH) Program - Increases the State's DSH administrative fee from the current level of $29.8 million to $85 million. This is estimated to result in reduced revenues at San Francisco General Hospital of approximately $2 million.
- Co-payments - Establishes co-payments up to the federal maximum for Medi-Cal services and reduces provider rates by that amount. This will make collection of these monies a provider responsibility and will result in reduced provider revenues in the event that not all co-payments are collected. Though the details of this proposal have not been released, it is anticipated that this initiative will have minimal impact on the Department of Health. For outpatient services, most of the Department's outpatient services are reimbursed based on cost through the Federally Qualified Health Center (FQHC) program, and may not be subject to the co-payments. For inpatient services, this initiative may impact the University of California, San Francisco, more than the Department, as the University receives fee-for-service Medi-Cal reimbursement.
- Physician Rates - "Temporarily" suspends about half (approximately $155 million) of the physician rate increases approved two years ago. The Governor has said he will protect providers of care for children and long-term care.
- Hospital Outpatient Rates - The Administration will proceed with the implementation of the settlement of the Orthopedic Hospital Lawsuit, providing $350 million in one-time payments and a 30% outpatient rate increase. Again, because the majority of the Department's hospital outpatient services are billed under the FQHC program, this is likely to have minimal impact on the Department.

Healthy Families Parent Expansion

The Governor's budget postpones the expansion of the Healthy Families program to parents until July 2003.

Child Health and Disability Prevention (CHDP) Program

The Governor's budget proposes to shift the CHDP caseload (for a savings of $69.5 million) to the Medi-Cal and Healthy Families Programs. For children ineligible for Medi-Cal or Healthy Families, the Governor proposes an increase of $17.5 million for community clinics, under the Expanded Access to Primary Care program. The details of this proposal have not yet been established and, therefore, the impact on the Department is unclear. The Department currently receives $98,000 to administer the CHDP program in San Francisco.

Mental Health

The budget proposal includes an increase of $133.7 million for the Early and Periodic Screening, Diagnosis and Treatment services program and a $16.7 million increase in reimbursements for Therapeutic Behavioral Services. The Department will propose program enhancements to children's mental health services with these additional allocations. However, the Governor is also proposing reductions of $4.2 million in the Children's System of Care Program. Although the distribution of this reduction is not known, the Department's increase in EPSDT and Therapeutic Behavioral Services will be greater than a reduction in our system of care allocation.

Substance Abuse Services

The Governor proposes reducing Drug Medi-Cal by $7.6 million in the current year and by $9.6 million in the budget year. Further reductions of $14.8 million are proposed for 2002-03 in non-Drug Medi-Cal services, technical assistance contracts and the drug court program. These reductions are expected to result in a loss to the Department of $200,000 for perinatal drug treatment services and $300,000 for drug court services. Based on other changes made to Drug MediCal in the current year, an additional reduction of $800,000 to the San Francisco allocation is incorporated into next year's budget.

Supportive Housing

Citing his support for a housing bond for the November 2002 ballot, the Governor has reduced the supportive housing initiative by $17.5 million. The Department recently completed a $3 million funding application under this initiative that will likely be rejected if this program reduction is implemented.

HIV/AIDS Programs

The budget includes a $22.4 million increase in AIDS Drug Assistance Program to fully fund the program.

The Legislature has been called into special session to address current year budget shortfalls. In regular session, which will run concurrently with the special session, the Legislature will be developing its own budget proposals for the 2002-03 fiscal year. The Department will continue to monitor the State budget process and will work closely with the Mayor's office and the City's lobbyist to minimize the impact of the budget deficit on health programs.

State Nurse Staffing Ratios

This morning, the Governor released proposed nurse-to-patient ratios for California's acute care hospitals. This is the first-ever attempt by a state to establish a predetermined ratio of nurses to patients in the various services of acute-care hospitals. These ratios were developed by the Department of Health Services following more than two years of work and public input. Ratios are proposed for several service areas, including medical/surgical units (1:6, becoming 1:5 after 12-18 months), emergency department (1:4), trauma (1:1), critical patients (1:2), and psychiatry

(1:6). Regulations have not yet been drafted for this proposal, so additional specifics are not available. However, the proposed ratios will be subject to the State's normal regulatory process, which includes a 45-day public comment period that is anticipated to begin this Spring and public hearings that could begin as early as June. The Department will certainly be following this issue very closely and will be an active participant in the regulatory process.

Healthy Kids Enrollment Events

The San Francisco Health Plan launched the Healthy Kids program the weekend of Jan 12th and 13th with three celebration and enrollment events. From the Beacon Center in Chinatown to Mission Dolores Auditorium and the Bayview Opera House, over 2,000 children and families attended. Families submitted applications for Medi-Cal, Healthy Families, and Healthy Kids. The San Francisco Health Plan is currently counting the number of applications for the various programs and following up on incomplete applications, so it does not yet have a count on the increased enrollment in the various programs. The weekend events mark the official kick-off of Healthy Kids and follow Mayor Brown's proclamation of January 13th as "Healthy Kids Day." The events also mark the beginning of an extensive outreach and enrollment campaign to insure every eligible child in San Francisco.

New Director of Community Substance Abuses Services Hired

Dr. Jorge Partida has accepted the Directorship of Community Substance Abuse Services and will join the Department in February 2002. Dr. Partida is a clinical psychologist and has extensive experience with behavioral health systems, family systems, health psychology, gay and lesbian issues, and diversity and culture. In his previous position,

Dr. Partida served as the director of the Psychology Program for JFK University's Graduate School of Professional Psychology. Previous to that, he was the Director of Behavioral Health Services at St. Elizabeth's Hospital in Chicago and Executive Director of a youth services organization. He has also hosted two weekly Univision television network segments.

Women and Children's Family Services Update

At the December 18, 2001 Health Commission Meeting, Community Substance Abuse Services (CSAS) outlined significant fiscal and programmatic issues identified within Women and Children's Family Services (WACFS). Previously, CSAS had reduced the contract and developed a work plan for the organization. Staff from the Department has met with the WACFS board twice to monitor progress and, according to CSAS, the agency has accomplished the following:

Management Infrastructure: Stabilized their fiscal department through the engagement of qualified temporary accounting staff; initiated the evaluation process of the Executive Director (scheduled to be completed by January 31, 2002), and began a management audit.

Fiscal: Submitted the FY 00/01 audit by the December 31, 2001 deadline, addressing five prior audit findings. Two findings were new, which corroborated program-monitoring information regarding agency salaries and employee time reports.

Program: Responded to all 99/00 monitoring report recommendations with a plan of correction, which will continue to be monitored for completion. The monitoring reports for FY 00/01 reflecting program performance, client satisfaction and agency compliance were mailed to the agency on January 8, 2002. It is expected that specific recommendations will be addressed in writing by February 15, 2002.

Newcomers Health Program Awarded California Endowment Grant

The Newcomers Health Program--a collaboration of the Community Health Education Section and International Institute of San Francisco--was awarded a $555,000 three-year grant from The California Endowment. This grant will allow the expansion of a Bosnian community health education program begun in 1999 with State funding.

The staff of the Bosnian Community Wellness Program will provide health education workshops and psychosocial support groups for Bosnians, in addition to establishing a resource center for Bosnians to learn about and access health and social service information. Staff will also conduct leadership training with community members and offer them opportunities to use their skills from the training in providing services and conducting activities for their community. By the end of this grant period our overall goal is to have built the capacity of this community to improve their own health and well being.

Increasing Syphilis Rates Challenge Prevention Efforts

Preliminary data for the year 2001 showed a significant increase of syphilis cases in San Francisco. In 2001 there were 186 reported cases compared to 71 cases in 2000. The increase is most significant in the MSM community, which experienced a 9% increase in cases from 2000 to 2001. STD Services continues to work with community partners, sex clubs, adult bookstores and local health departments outside of SF to control the outbreak. Of note, recent cases may be mostly associated with oral sex. While the transmission of syphilis through oral sex is known, and there have been community outbreaks related to syphilis transmission primarily through oral sex, these findings challenge current HIV and STD prevention efforts that support oral sex as "safer sex."

Draft Firearm Injury Reporting System Report Presented to the PHP JCC

A draft of the San Francisco (SF) Firearm Injury Reporting System (SFFIRS) was presented at the February 2002 PHP JCC. This report is the product of a collective effort among several city agencies involved in the tracking and reporting of data on deaths and injuries due to firearm violence.

In 1998, representatives from the Police Department, Medical Examiner's Office, Emergency Department and Trauma Center at SF General Hospital, the SF Injury Center at the University of California, and this Department agreed to contribute to the development of a shared multi-agency database. Recognizing that the capability to reduce deaths and injuries dues to violence is not based on any single agency, the report goes beyond reporting of standard demographics. The new reporting system will also provide linkage of data regarding both victims and perpetrators from police reports, medical examiner investigations, and hospital records. This centralized database will ultimately enhance our understanding of modifiable risk factors among both victims and perpetrators, promote a unified approached to reducing deaths and injuries due to violence, and serve as a basis for evaluating the impact of prevention efforts.

Commissioners' Comments

- Commissioner Guy congratulated Anne Kronenberg for her appointment as Director of Policy and Planning, and thanked Colleen Johnson for serving as interim director in addition to her regular duties.
- Commissioner Chow asked if the Department would be in compliance will the minimum nursing staffing ratios that were announced by the Governor. Dr. Katz responded that the Department's overall ratios meet the new State requirement. However the Department is in compliance based on team nursing, which is a RN/LVN combination. It is still to be

determined whether or not LVNs can play a role in meeting the staffing ratio requirements.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY

On behalf of the Commission, Vice President Chow presented the awards to the following:

Individual Awardees	*Division*	*Nominated by*
Elaina Chin, Pharmacist	DPH/Community Health Network, County Jail #2, Jail Health Services Pharmacy	Yuki Kubo-Hendricks, Director, Pharmaceutical Services
Team Awardees	*Division*	*Nominated by*
James Budke, M.D. Bronwyn Gundogdu, R.N. Rosario Enriquez, RN	Laguna Honda Hospital, Nursing and Medical Services, Unit G6 - Chronic Cluster	Mary Louise Fleming, Director of Nursing; Mivic Hirose, Associate Director of Nursing; and Terry Hill, M.D., Medical Director

In addition, Commissioner Chow recognized Diane Keefer and Gail Davis, PHN, both of whom are retiring, for their years of dedicated service to the Department of Public Health.

6) ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2002

Commissioner Umekubo nominated Commissioner Chow as President of the Commission.

> Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) elected Commissioner Chow as President of the Health Commission for 2002.

Commissioner Monfredini nominated Commissioner Guy as Vice President of the Commission.

> Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) elected Commissioner Guy as Vice President of the Health Commission for 2002.

Commissioner Monfredini left the meeting at 3:45 p.m.

7) DEPARTMENTWIDE CAPITAL PROJECT UPDATE

John Kanaley, Sr. Associate Administrator for Support Services, presented the Departmentwide Capital Project Update. The presentation showed the status of capital projects currently underway within the Department of Public Health and the proposed projects for FY 2002-2003.

The Department of Public Health is overseeing approximately $18 million in facility maintenance and capital project funds at DPH sites: $8.3 million at San Francisco General Hospital; $6.9 million at Primary Care centers; $2.6 million at Laguna Honda Hospital; $100,000 at Population Health/Mental Health; and $200,000 at the Community Health Network. In addition, there are a variety of other funded projects including the rebuild of

Laguna Honda Hospital.

San Francisco General Hospital projects include seismic safety upgrades, ADA restroom remodels, energy upgrades, service delivey and master planning, life safety, the women's imaging center, the Ambulatory Surgery Center, the Cardiac Cath laboratory, methadone clinic expansion and facility maintenance.

Laguna Honda Hospital funded projects include seismic safety upgrades, fire alarm system replacement, an access ramp to the garden and the rebuild of the hospital.

Projects that are funded for the Primary Care centers include the Maxine Hall interior remodel, Tom Waddell interior renovations, HVAC and ventilation assessments at all sites and renovations of selected sites for patient care space upgrades.

Projects that are funded for DPH Administration include tenant improvements at CHN headquarters, various energy conservation projects, renovation of Vital Records and the relocation of Epidemiology and the Immunization Clinic at 101 Grove.

Mr. Kanaley summarized the fiscal year 2002-2003 requests:

- San Francisco General Hospital - Campus cardkey installation, radiology master planning, nurse call replacement, Vascular IR Suite design, fire alarm replacement phase I, CT upgrade and facility maintenance.
- Laguna Honda Hospital - Campus cardkey installation, ADA upgrades at main hospital, Clarendon Hall fire alarm, ADA access ramp, MIS cabling upgrade, piping replacement and facility maintenance.
- Primary Care Centers - Expansion of Potrero Clinic, Tom Waddell fire alarm, North of Market Clinic staff areas and facility maintenance.
- Population Health and Prevention - Functional upgrades at 101 Grove, door locks and windows at 101 Grove, PHP facility maintenance and Mental Health facility maintenance.

Mr. Kanaley then summarized the challenges the Department faces as it moves forward into the next fiscal year.

- SFGH Rebuild
- Facility Maintenance - the age of the buildings is becoming a significant cost factor, and inefficient layouts and obsolete infrastructure limit the use of buildings.
- Capital/Facility Maintenance Funding - recent budget increases will be curtailed, and facility maintenance budgets are below industry standards. Currently the Department's facility maintenance budget is less than $1 per square foot, and the industry standard is $3.75 to $4 per square foot.
- Technology Changes

Commissioners' Comments

- Commissioner Guy stated that having this annual report at this time has been very helpful, and the Commission would like the report to be given on an annual basis. She asked Mr. Kanaley if he thought the current allocation of funds would allow the projects to be completed. Mr. Kanaley responded that the funds they are requesting should be adequate complete the projects they are seeking approval for. In the event the budget appears to be inadequate, the Department will rescope the project to meet the budget.
- Commissioner Umekubo asked if other sources of funding are available for fuel cell and micro-turbine technologies and solar projects, or is the Department going to have to fund

these kinds of projects with its own money. Mr. Kanaley replied that a $100 million solar energy bond was recently approved, and the Department will aggressively seek funding from this bond.

- Commissioner Chow asked if the findings from the recent Joint Commission mock survey are incorporated into this plan. Mr. Kanaley said the findings from the recent study are not, but all previous life safety findings have been either been corrected or there are plans in progress to correct. At this time San Francisco General Hospital is working with a professional who is preparing a report that might identify additional projects. These will have to be addressed in the following two years. Commissioner Chow asked the status of retrofitting 101 Grove. Dr. Katz stated that there currently is no plan to retrofit the building. The changes that have been made are to make better use of existing space.

8) EVALUATION OF THE USE OF PBM FOR MEDICAL PATIENTS

Sharon Kotabe, Director of Pharmaceutical Services, CHN, presented the 12-month evaluation of the use of PBM for medical patients. In October 2000 the Health Commission approved a new method for prescription services which called for a Pharmacy Benefits Manager. PCN was selected as the CHN PBM. Services began in November 2000.

The PBM contract had two major goals: to improve access to prescription services to indigent CHN patents; and to improve prescription services for indigent CHN patients.

Ms. Kotabe said that patients did take advantage of having more than one access point, and did get prescriptions filled at locations throughout the city. This implies easier access. In addition, total prescription volume has increased 5 percent in the last six months of the contract.

With regard to improved service, Ms. Kotabe said that the PBM contract provides seven days a week, 24 hour per day services, plus free delivery at some pharmacies. The wait time was decreased, with approximately 90 percent of patients getting their prescriptions filled in under an hour and the majority waiting no more than 30 minutes. The system has linguistic capability for 18 different languages. In addition, electronic interface allows prescriptions filled anywhere in the network to be transferred to the patient's electronic medical record. And the PBM implemented systems to obtain "real-time eligibility," which allows patients to get prescriptions on the same day they are seen by the provider.

The PMB pharmacies fill approximately two thirds of the prescriptions and the remaining one third are filled by the SFGH Outpatient Pharmacy.

Ms. Kotabe then discussed the attempt to identify patient satisfaction with the PBM network. They did a member satisfaction survey in 2001, but received very few responses. However, they received no negative responses.

Ms. Kotabe said the PBM Oversight Committee began meeting in March 2001 and continues to meet monthly.

Ms. Kotabe said that, nationwide, pharmacy and pharmaceutical costs have increased 10-15 percent since 1999, and are projected to rise 15-20 percent at least through 2005. The pharmacy budget has been flat for the last three years, but actual expenditures have mirrored the national trends. In order to try to mitigate the impact of the increase in expenses, the Pharmacy Department, working closely with the medical staff, has instituted various measures to decrease costs. The impact of these changes was $3.03 million in FY 01-02. The average cost per prescription is $50.97 for the PBM and $56.68 for SFGH (this includes labor, benefits and indirect costs).

- Ms. Kotabe described the next steps to deal with increased cost and volume:
- 10-day supply of discharge prescriptions for Medi-Cal patients

30-day supply for PBM prescriptions from the current 100-day supply (exceptions for prescriptions to treat chronic conditions). This change will not cause the patient to have to go back to the provider. The pharmacy will dispense in 30-day increments with refills.

Changes under consideration

- Single PBM contract for CHN and mental health patients
- Opportunities offered by SB 340 pharmacy law changes. In this model the patients would not have their choice of any of 100-plus pharmacies in San Francisco. Instead we would match each of our FQHC clinics with a particular community pharmacy.

Ms. Kotabe concluded by discussing some of the lobbying and legislative efforts, including 340B pricing for inpatient drug purchases and a demonstration project proposal with the Office of Pharmacy Affairs, the Federal body that oversees 340B pricing.

Ms. Kotabe said that overall the Department believes that the implementation of the PBM has been a success from the point of view of increasing access to prescriptions and improving service for our patients. The increased cost and utilization are of concern, and she assured the Commission that the Department will work very hard to keep costs down without decreasing access or services.

Commissioners' Comments

- Commissioner Umekubo asked Ms. Kotabe to clarify the State and Federal components of the 340B pricing plan. Ms. Kotabe said there are different efforts at the two levels that can accomplish the same goal. Previously, State law prevented the Department from implementing the program on a one clinic one pharmacy basis, such that they could not access 340B pricing without wholesaling. SB 340 allows clinics to get wholesaler license, so they could access the pricing. The Federal demonstration project proposal would allow the Department to maintain the network so patients have access to all network pharmacies, not just one. This cannot be done currently. Commissioner Umekubo asked how much of the increase is the actual cost of the drug and how much is the utilization of the drug. Ms. Kotabe responded that it is difficult to quantify. However, they have attempted to put into place systems so that extremely expensive drugs are not overutilized. The national trend is that utilization drives costs more than the drug cost.
- Commissioner Sanchez commended the staff for the patient satisfaction responses. Commissioner Sanchez asked for a further breakdown of the costs. Ms. Kotabe responded that the costs for both the PBM and SFGH include direct and indirect costs.
- Commissioner Parker asked if the increased prescriptions come from an increase in prescription writing on the part of physicians. Ms. Kotabe does not have this data. Commissioner Parker wanted to be clear that all appropriate indirect costs were included in the cost-comparisons, so that the comparison between the PBM and SFGH could be accurate. Dr. Katz will provide the Commission with more detailed information.
- Commissioner Guy stated that the report clearly shows that the Department achieved the objective of increased access and increased service, but not the objective of cost savings. Commissioner Guy asked if a combined PBM would mean Mental Health would have to decrease the number of pharmacies they use. Ms. Kotabe said that Mental Health would retain its multiple sites. Commissioner Guy said she really wants to examine this from a programmatic level, because the impact on mental health patients might be great. Also, she was still surprised to see that 34 percent of patients are still getting prescriptions filled at the SFGH pharmacy, and asked if this going to remain the breakdown. Ms.

Kotabe stated she thinks it will remain at this level.

- Commissioner Chow said that the low response to the survey is problematic, and perhaps the oversight committee can identify other ways of getting responses back. Ms. Kotabe said they are looking at incentives to help people return surveys. Commissioner Chow asked who the oversight committee reports to, and the response was Dr. Katz. Commissioner Chow asked Fred Hom, one of the Committee co-chairs, to highlight some of the issues raised in the oversight committee. Mr. Hom said that they are working on a report to submit to Dr. Katz with findings and recommendations. In general the oversight committee thought it opened access but that the increased costs is a concern.

9) PUBLIC COMMENT

Frederick Hobson told the Commission that he resigned from the Drug Advisory Board, and submitted a packet of information to the Commissioners. He asked the Commission to look into the overwhelming number of contractors on the board, rather than members of the public. In addition, the Board has a history of disrespectful and discriminatory treatment of the LGBT members on the Advisory Board.

10) ADJOURNMENT

The meeting was adjourned at 5:05 p.m

Michele M. Olson, Executive Secretary to the Health Commission

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
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John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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PUBLIC NOTICE

CHANGE OF LOCATION

HEALTH COMMISSION MEETING

Please note that the Health Commission will hold its regular meeting on February 5, 2002 at the Board of Supervisors' Chamber, City Hall, 1 Dr. Carlton B. Goodlett Place, 2nd Floor, instead of the usual location at 101 Grove, Room #300.

An agenda will follow.

For information call the Health Commission Office at 554-2666

Posted January 28, 2002

San Francisco Department of Public Health

AGENDA
HEALTH COMMISSION MEETING

Tuesday, February 5, 2002
at 3:00 p.m.
Board of Supervisors Chambers*
City Hall, 2nd Floor
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

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*PLEASE NOTE CHANGE OF LOCATION.
THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.
PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 22, 2002
*Minutes of January 22, 2002

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) CHN/SFGH/OR-MIS - Request for approval of a new perpetual software license agreement, system implementation and application training services with iPath Software, in the amount of $440,761, to provide an integrated Operating Room Management Information System for San Francisco General Hospital.
* Calendaring request memo

(3.2) CHN-Housing and Urban Health - Request for approval to extend the term of 17 CARE funded HIV Health Housing Services contracts, in the amount of $2,215,939 with the following eight contractors, for the four-month period of March 1, 2002 through June 30, 2002:

Ark of Refuge, Inc.	94,160
Baker Places, Inc.(4)	442,024
Black Coalition on AIDS(2)	124,637
Catholic Charities(3)	442,307
Larkin Street Youth Services(3)	222,786
Lutheran Social Services(2)	52,057
SF AIDS Foundation	812,715
Walden House	25,252

(3.3) PHP-Mental Health - Request for approval of a retroactive contract renewal with the

Regents of the University of California, on behalf of the UCSF Clinical Practice Group, in the amount of $2,642,106, to renew the Single Point of Responsibility Program serving severely mentally ill adults, for the period of July 1, 2001 through June 30, 2002.
* Calendaring request memo, Monitoring report summary, Client demographic information form

20)

(3.4) PHP-Mental Health - Request for approval of a retroactive contract modification with Children's Council of San Francisco, in the amount of $171,760, for fiscal year 2000-01 and $191,593 per year for fiscal years 2001-02 through 2003-04, for a total four-year contract amount of $746,539, to provide Quality Child Care Consultation Services, for the period of July 1, 2000 through June 30, 2004.
* Calendaring request memo, Client demographic information form

(3.5) PHP-Mental Health - Request for approval of a retroactive contract modification with Homeless Children's Network, in the amount of $142,889, for fiscal year 2000-01, and $227,750 for fiscal year 2001-02, reducing a four-year contract to a two-year contract, for a total contract amount of $370,639, to provide Quality Child Care services, for the period of July 1, 2000 through June 30, 2002.
* Calendaring request memo, Monitoring report summary, Client demographic information form

(3.6) PHP-Substance Abuse - Request for approval of a retroactive contract modification with North of Market Senior Services, in the amount of $400,619, to provide substance abuse services for the period of July 1, 1998 through June 30, 2002 for a total contract value of $1,735,949.
* Calendaring request memo, Monitoring report summaries, Client demographic information forms

(3.7) PHP-Substance Abuse - Request for approval to retroactively accept and expend a grant from the California Department of Alcohol and Drug Programs, in the amount of $154,402, for the Youth Development and Crime Prevention Initiative, for the period of June 28, 2001 to June 30, 2002.
* Calendaring request memo, Grant Information Form, Budget page

(3.8) PHP-AIDS Office - Request for approval of a new contract with CompassPoint Nonprofit Services, in the amount of $191,990, to provide consulting and training services, for the period of December 1, 2001 through February 28, 2002.
* Calendaring request memo

(3.9) PHP-AIDS Office - Request for approval of a retroactive sole source contract renewal with Centerforce, Inc., in the amount of $599,863, to provide HIV prevention services targeting incarcerated and post-release populations at San Quentin State Prison and Central California Women's Facility, for the period of July 1, 2001 through June 30, 2002.
* Calendaring request memo, Monitoring report summary, Client demographic information form

(3.10) PHP-AIDS Office - Request for approval of a retroactive sole source contract renewal with California AIDS Intervention Training Center, in the amount of $248,779, to provide case management and health education services to various residents of the Bayview Hunters Point area, for the period of July 1, 2001 through June 30, 2002.
* Calendaring request memo, Monitoring report summary, Client demographic information form, Letter from Institute for Community Health Outreach

(3.11) PHP-AIDS Office - Request for approval to extend the term of 56 CARE funded HIV

Health Services contracts with the following 43 contractors, for the four-month period of March 1, 2002 through June 30, 2002:

20)

AIDS Emergency Fund	$220,797
AIDS Legal Referral Panel	66,984
American College of Traditional Chinese Medicine	92,276
Asian & Pacific Islander Wellness Center	135,485
Baker Places, Inc.	59,000
Bar Association of San Francisco	25,956
California AIDS Intervention Training Center	24,260
Catholic Charities	53,272
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CompassPoint Nonprofit Services, Inc.	36,870
Continuum HIV Day Services	270,094
Dolores Street Community Services	61,424
Family Service Agency of San Francisco	60,548
Family Support Services of the Bay Area	95,077
Glide Foundation	38,809
Haight-Ashbury Free Clinics, Inc.	335,187
Immune Enhancement Project	74,556
Instituto Familiar de la Raza	76,534
Iris Center	50,000
Legal Services for Children	59,294
Lutheran Social Services	186,493
Lyon-Martin Women's Health Services	113,909
Maitri AIDS Hospice	327,293
Mission Neighborhood Health Center	47,635
New Leaf	78,046
Positive Resource Center	168,096
Project Open Hand	449,546
Quan Yin Healing Arts Center	42,442
Saint Mary's Medical Center	258,952
San Francisco Community Clinic Consortium	113,681
San Francisco Food Bank	32,139
San Francisco Suicide Prevention	35,928
Shanti Project	143,360
Tenderloin AIDS Resource Center	196,322
UCSF AIDS Health Project	325,900

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UCSF Center on Deafness	13,412
UCSF Pediatric AIDS Program	56,982
UCSF School of Dentistry	144,762
UCSF/SFGH/Dept of Psychiatry/Substance Abuse Serv.	220,712
UCSF Women's Specialty Clinic	74,000
University of the Pacific School of Dentistry	181,200
Walden House	566,642
Westside Community Mental Health Center	70,950

4) FOR DISCUSSION: DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
*Report

5) FOR DISCUSSION: SECOND QUARTER FISCAL YEAR 2001-2002 REVENUE AND EXPENDITURE REPORT

(Monique Zmuda, DPH Chief Finance Officer)
*Report

6) FOR DISCUSSION: FISCAL YEAR 2002-03 BUDGET REVIEW

(Monique Zmuda, DPH Chief Finance Officer)
*Report

7) PUBLIC COMMENTS**

8) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.
** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
The Legislative Chamber of the Board of Supervisors is in Room 250 of City Hall, 1 Dr. Carlton B. Goodlett Place, San Francisco. The Chamber is wheelchair accessible.
The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #47 Van Ness, #71 Haight/Noriega, the F Line to Market and Van Ness and to the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI bus services call 673-6864, and for MUNI accessible services, call 923-6142.
There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex.
American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.
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San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-7854; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance may be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, by printing Chapter 67 of the San Francisco Administrative Code on the Internet, and on the City's web site at: http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, February 5, 2002
at
3:00 p.m.

Board of Supervisors Chambers
City Hall, 2nd Floor
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by President Edward A. Chow, M.D. at 3:10 p.m.

Present:
President Edward A. Chow, M.D.
Vice President Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison S. Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 22, 2002

Action Taken: The Commission approved the minutes of the January 22, 2002 Health Commission meeting.

At this time, President Chow announced the Health Commission's 2002 committee assignments, which are as follows:

Joint Conference Committee for Community Health Network (CHN)
Edward A. Chow, M.D., Chair
Roma P. Guy, MSW, Member
David J. Sanchez, Jr., Ph.D., Member

Joint Conference Committee for Laguna Honda Hospital
David J. Sanchez, Jr., Ph.D., Chair
Arthur M. Jackson, Member

Joint Conference Committee for Population Health and Prevention (PH&P)
Harrison Parker, Chair
Roma P. Guy, MSW, Member

Joint Conference Committee for San Francisco General Hospital (SFGH)
Lee Ann Monfredini, Chair
John Umekubo, M.D., Member

Budget Committee
Arthur M. Jackson, Chair
Lee Ann Monfredini, Member
John I. Umekubo, M.D., Member

IHSS Public Authority
Harrison Parker, Sr., DDS

S.F. Health Authority
John I. Umekubo, M.D.

SFGH Foundation
David J. Sanchez, Jr., Ph.D.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired, and Commissioner Monfredini and Commissioner Umekubo attended, the Budget Committee meeting.

(3.1) **CHN/SFGH/OR-MIS** – Request for approval of a new perpetual software license agreement, system implementation and application training services with iPath Software, in the amount of $440,761, to provide an integrated Operating Room Management Information System for San Francisco General Hospital.

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Westside Community Mental Health Center	70,950

Commissioner Umekubo abstained from voting on this item.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Umekubo abstaining from voting on Item 3.11.

4) DIRECTOR'S REPORT

With the consent of the Commission, in order to expedite the hearing on the proposed budget, the Director's Report was presented after Items 5 and 6. Dr. Katz presented the report to the Commission for their review. Due to the time, President Chow said that comments could be made at the next meeting.

Federal Budget

Yesterday, the President released a $2.13 trillion budget proposal for fiscal year 2002-03, a 9% increase over current year spending. The proposal seeks large spending increases for defense and national security but attempts to hold funding for domestic programs relatively flat. Discretionary spending on programs not related to defense or national security would rise about 2% under the proposal. Overall, the President is requesting $489 billion for the Health and Human Services Agency, a 9 % increase, with the bulk of the increase allocated to enhance bioterrorism preparedness. The Administration is seeking a one-year spending increase of $4.5 billion for bioterrorism preparedness, $1.6 of which would go to States and localities, including local public health systems. Additionally, it includes $109 billion to "modernize" Medicare and create a prescription drug benefit and provides tax credits to help the uninsured purchase insurance coverage. At the same time, however, the budget proposes to save $9 billion over five years by reducing the Medicaid upper payment limit to 100 percent, reduces spending on chronic disease prevention, infectious disease control and health promotion, and provides flat funding for the Ryan White CARE Act, childhood immunization and environmental health programs. The Department will continue to closely monitor the federal budget and keep the Health Commission apprised of its progress.

Healthy Families Program Parent Expansion Approved

On January 24, the federal Center for Medicare and Medicaid Services approved California's waiver request to expand the Healthy Families program to low-income, working parents. Though the Governor's budget, which was proposed prior to federal approval of the waiver, postpones implementation of the parent expansion until July 2003, the Governor has indicated that he is supportive of expediting implementation if $200 million can be allocated in the 2002-03 budget to fund it. It is anticipated that approximately 300,000 uninsured California parents will be eligible for the Healthy Families program.

Racial Disparities and Low Birth Weight Conference

The Racial Disparities and Low Birth Weight Conference was co-sponsored January 24th by Blue Cross, March of Dimes, SF DPH African American Health Initiative, SF DPH Maternal and Child Health, San Francisco Health Plan and the San Francisco Perinatal Forum.

Dr. Karla Damus, Albert Einstein College of Medicine, Bronx, gave an overview of low birth weight. Dr. Michael Lu, UCLA, focused on the racial disparities and low birth weight issue. Dr. Patricia Evans, SF DPH Maternal and Child Health presented the San Francisco low birth weight data and maps to illustrate where the greatest problems exist. 135 attended including health care staff, community based agencies, health plans and community members. This conference was a great example of the San Francisco Department of Public Health partnering with other agencies to address a complex issue.

Increasing Syphilis Rates Challenge Prevention Efforts

Preliminary data for the year 2001 showed a significant increase of syphilis cases in San Francisco. In 2001 there were 186 reported cases compared to 71 cases in 2000. The increase is most significant in the MSM community, which experienced a 9% increase in cases from 2000 to 2001.

STD Services continues to work with community partners, sex clubs, adult bookstores and local health departments outside of SF to control the outbreak. Of note, recent cases may be mostly associated with oral sex. While the transmission of syphilis through oral sex is known, and there have been community outbreaks related to syphilis transmission primarily through oral sex, these findings challenge current HIV and STD prevention efforts that support oral sex as "safer sex."

Draft Firearm Injury Reporting System Report Presented to the PHP JCC

A draft of the San Francisco (SF) Firearm Injury Reporting System (SFFIRS) was presented at the February PHP JCC. This report is the product of a collective effort among several city agencies involved in the tracking and reporting data on deaths and injuries due to firearm violence.

In 1998, representatives from the Police Department, Medical Examiner's Office, Emergency Department and Trauma Center at SF General Hospital, the SF Injury Center at the University of California, and this Department agreed to contribute to the development of a shared multi-agency database. Recognizing that the capability to reduce deaths and injuries dues to violence is not based on any single agency, the report goes beyond reporting of standard demographics. The new reporting system will also provide linkage of data regarding both victims and perpetrators from police reports, medical examiner investigations, and hospital records. This centralized database will ultimately enhance our understanding of modifiable risk factors among both victims and perpetrators, promote a unified approached to reducing deaths and injuries due to violence, and serve as a basis for evaluating the impact of prevention efforts.

Black History Month Educational and Cultural Program

The African American Health Initiative's Managers of African Descent invites DPH employees and the public to attend the Second Annual Educational and Cultural Program celebrating Black History Month. The program will take place on Wednesday, February 6, 2002 at the Community Health Network Administration Building, 2789-25th Street, from 4:30 - 7:00 PM. This year's honorees are Arthur Coleman, MD, MPH and Agnes Morton, RN, MS, MPH.

Reorganization of Community Health Network Youth Programs

Community Health Network Youth Programs were reorganized January 1st. The Balboa Teen Health Center, the Cole Street Youth Clinic, and the Larkin Street Medical Clinic will now be under the direction of Michael Baxter, constituting the newly created Community Health Programs for Youth (CHPY). Special Programs for Youth (SPY), under the direction of Thabiti Mtambuzi, will focus exclusively on the multiple health needs of incarcerated youth and youth at high risk of contact with the juvenile justice system.

LHH Annual Survey

Laguna Honda Hospital recently received the written results of its annual State Licensing and Certification Survey, which occurred December 6-13, 2001. The survey reported no findings of substandard care, and was in general a very good survey. I extend my congratulations to the staff of Laguna Honda for their excellent performance resulting in this successful survey.

SFGH Medical Staff Credentialing Report

	01/02	2002 YTD
New Appointment	12	12
Reinstatements	0	0
Reappointments	53	53
Delinquencies:	0	0
Reappointment Denials:	0	0

Resigned/Retired:	30	30
Disciplinary Actions	0	0
Restriction/Limitation- Privileges	0	0
Changes in Privileges		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	3	3
Current Statistics – as of 01/1/02		
Active Staff		364
Affiliate Professionals (non-physicians)		121
Courtesy Staff		492
Referring Staff		45
Total Members		1022
Applications In Process		96
Applications Withdrawn Month of December 2001		2
SFGH Reappointments in Process Through April 2002		232

5) SECOND QUARTER FISCAL YEAR 2001-2002 REVENUE AND EXPENDITURE REPORT

Monique Zmuda, DPH Chief Finance Officer, presented the Second Quarter Fiscal Year 2001-2002 Revenue and Expenditure Report. The projections in the report are based on revenue collected and billed, and expenses incurred for the first six months of the fiscal year, ending December 31, 2001. Based on this data, the Department of Public Health is projecting a year-end surplus of $26.1 million for FY01-02. Of this amount, $25.1 million is a result of revenues and $1 million a result of under expenditures.

Ms. Zmuda said that the Mayor has implemented a citywide deficit reduction plan for the current fiscal year. The Department of Public Health's contribution to this plan is $10 million. Thus, the Controller will apply $10.4 million of the $26.1 million projected surplus to reduce the General Fund from the Department's current year budget. The department is requesting that the remaining $15 million be applied to balance next year's budget. Ms. Zmuda said that the Mayor's Office has preliminarily approved this request.

6) FISCAL YEAR 2002-03 BUDGET REVIEW

President Chow said that the Commission will take action on the budget at its February 19th meeting. President Chow reminded the public that the February 19th meeting would be held in the Commission's regular location, 101 Grove Street, Room 300.

Monique Zmuda presented a summary of the proposed Fiscal Year 2002-2003 Budget. The presentation took place in two parts: the base budget and the proposed 10 percent general fund reduction proposal, which all City departments are required to submit to the Mayor's Office. Ms. Zmuda described the Mayor's budget instructions which, among other things, allowed no new general fund for departments, and required that departments absorb a 5.5% civil service COLA. For the Health Department, this translated to $26 million.

With regard to the requirement that all departments must submit proposals to reduce their general fund allocations by 10 percent, Ms. Zmuda emphasized to the Commission that the Department will not know until April at the earliest whether, or even if, these reductions will be required. It will take some time for the City to determine what revenues are available in the current year, what if any surpluses exist in the current year, and what the revenue picture will be for next year.

The Department's proposed FY 2002-2003 budget is $1.047 billion, which includes increased funding of $65 million. The base budget includes a 5.5% COLA for employees, a $2.7 million equipment budget and a $4 million Capital Improvement Project budget. However it does not contain a Cost of Living Adjustment (COLA) for contractors, non-profit agencies and the University of California. Ms. Zmuda said that it would cost the Department of Public Health an additional $9 million to provide a 5% contractor COLA. The base budget also eliminates those programs for which one-time funding was allocated by the Mayor and Board of Supervisors last year. Ms. Zmuda described various adjustments to the base budget, including the annualization of the Mayor's Children's Insurance Initiative, an increase of 22 beds to SFGH's budgeted census to make the budgeted census consistent with the actual census, the addition of 23 nursing positions at Laguna Honda Hospital and various other adjustments.

Ms. Zmuda then described the 10% reduction proposal. The Department has identified $25 million of potential reductions, which is less than the $30 million target given by the Mayor's Office. Ms. Zmuda said that increases in revenues and operating reductions were used to balance the base budget so to reach the reduction target, program reductions are required. Ms. Zmuda described the principles that were considered in developing the general fund reduction proposals. Ms. Zmuda then summarized the impact of the 10% general fund reduction:

- Reduction to Interpreter Services at SFGH
- Reduction to SFGH Pharmacy formulary and an increase in the mandatory co-payment from $2 to $5 per prescription
- Elimination of Inpatient Pediatric Services at SFGH
- Reduction of 30 beds at the SFGH Mental Health Rehabilitation Facility
- Deletion of staff at Health at Home
- Elimination of general fund support to consortium clinics' primary care services
- Reduction of clinical capacity at Primary Care sites
- Reduction of adult dental services at Primary Care sites
- Reduction of psychiatric services in the jails
- Reduction of medical services in the jails, including women's specialty services, STD screening, sick call capacity and elimination of discharge medications upon release
- Contracting out laundry services at Laguna Honda Hospital, rather than relocating current civil service program
- Reduction to the nursing staff improvements, behavioral health staffing and reductions to patient safety and expedited admission program at Laguna Honda Hospital
- Reduction to administrative positions
- Reduction to staff in Office of Managed Care
- Reduction of subsidies for transitional housing, rent subsidies and residential care
- Elimination of HIV Emotional and Practical Support Service contracts
- Reduction to HIV hotline services
- Reduction to Outpatient Private Provider Network serving mentally ill
- Reduction of inpatient psychiatric acute inpatient services at community hospitals
- Reduction of psychiatric long term care services
- Reduction to neurobehavioral long term care services
- Elimination of transitional residential treatment services
- Elimination of day treatment programs for adults
- Reduction to mental health outreach services to adults
- Reduction to mental health outpatient clinic capacity

- Elimination of Community Substance Abuse Services (CSAS) prevention program with uncertain outcomes
- Elimination of funding for new CSAS programs that have not yet started
- Elimination of administrative support for the CSAS advisory board
- Elimination of funding for in-custody program that could be funded through Prop. 36
- Elimination of funding for prevention interventions in the jails
- Reduction of funding to CSAS programs that have not successfully met their targeted units of services in the past
- Reduction to CSAS outpatient treatment program capacity
- Reduction to substance abuse consultation services at SFGH
- Reduction to substance abuse intervention and transportation service
- Elimination of one CSAS residential treatment program
- Elimination of one CSAS youth supportive services program

The recommendation from the Department to the Commission is to approve the base budget with the $15 million increase to the general fund and the $35 million increase to new revenues, and which contains the annualization of the current programs and increases to meet the demands for additional hospital care, skilled nursing services and children's mental health services. The recommendation from the Department to the Commission on the 10% reduction proposal is to urge the Mayor and Board of Supervisors to identify sufficient funding to maintain vital healthcare services provided by the Department of Public Health.

Dr. Katz believes that the proposed base budget will allow the Department to continue its services intact. However, it does not provide for everything—it does not have the funding for one-time Board of Supervisors addbacks, it does not fund expiring grants and, of particular challenge to the Department, it does not contain a contractor COLA. That said, the base budget is still a good budget. Dr. Katz said that the 10 percent list was extremely difficult to come up with, because the Department is already well run and nothing could be eliminated without having an impact. Dr. Katz said that, if the Department were forced to cut its budget, the proposals that have been put forward are legitimate but undesirable. For example, did not want to eliminate the creation of a new laundry or reduce dental services. But the Department did its best to ensure that if the city is forced to do with the same amount of general fund, the reduction proposals not be impossible to implement. Dr. Katz thanked his staff for the huge amount of work that went into creating the budget document.

Public Speakers:

> April Martin Chartrand, former member of the San Francisco Mental Health Board, opposes cuts in mental health.
>
> Mickey Shipley, San Francisco Network of Mental Health Clients, opposes cuts in mental health.
>
> Lonnie Hicks, Family Service Agency, opposes the proposed cuts, stating that effective core services will not be able to be maintained on such a small scale. He said that the proposals would lead to transferred costs, not cut costs.
>
> Jeffrey Springfield, Conard House client, opposes cuts in mental health.

David Silva, Program Director for Family Service Agency (FSA) Geriatric Mental Health Services, described the services and the clients of two programs that are proposed to be eliminated. These are the only two programs of its kind in San Francisco.

Dr. William Flynn, FSA Richmond-based Day Treatment Program, described the impact the proposed reductions in day treatment would have on clients, some of whom are so unstable they need daily contact to avoid hospitalization.

Jeannie Underwood, FSA geriatric program client, described her experience getting help with the agency. She received excellent psychiatric care and has been able to get her life together. She urged the Commission not to close the program.

Judy Bell, FSA day treatment center client, said FSA has helped her tremendously by providing her with a safe environment, and urged the Commission not to cut the program.

Gary Galvin, FSA geriatric program client, opposes the proposed cuts.

Dr. Monique Vance, UCSF Lakeside Senior Medical Center, which exclusively cares for patients over 65. The patients she cares for have multiple medical problems, for whom day treatment services are critical. Without day treatment there will be increases in nursing home placements, ER visits and inpatient hospitalizations.

Maria Sverdlik, FSA day treatment program client, opposes cuts in the day treatment programs.

Mrs. Gao, FSA day treatment program client, supports the day treatment program, which has helped her tremendously.

Barbara Husar spoke about her experiences with the Geary Blvd. day treatment program she attends. Without day treatment many people would be left to roam the streets or fill the hospitals and prisons.

Mary Gray, client of a day treatment center, said that without day treatment services, she could land on the street, and asked the Commission to please do not close the Geary Blvd. day treatment program.

Belen Encarnacion, spoke in support of geriatric day treatment services. The proposed budget cuts will not reduce expenses and are not fiscally responsible.

Benson Nadell, longterm care ombudsman program, spoke about the proposed cuts in psychiatric and long-term treatment programs; day programs with medication monitoring and socialization are essential, and cuts will result in unforeseen consequences.

Marie Wren, FSA, said that 30 other seniors attended the meeting but did not speak. The severity of their clients' psychiatric problems makes it impossible for them to attend other available services until they are stabilized. The FSA program is the only dual diagnosis, harm reduction program for seniors in San Francisco.

Richard Heasley, Conard House and President of the S.F. Mental Health Contractors Association, made three points. 1) There should be contractor COLAs in the base budget. He asked the Commission to include in its recommendation the consideration of an ordinance that gives contractor COLAs the same status as civil service COLAS. 2) The 10% savings is not a saving, it is a shift. 3) Residential treatment is the bridge between institution and community care.

Steve Fields, Progress Foundation and co-chair of the Mental Health Forum, discussed the Forum's three priority areas: case management services, supported housing and transitional residential treatment. They are interrelated, and the budget eliminates one of the elements.

David Farielli, Citywide Case Management, said lack of a contractor COLA will lead to service reductions. Talked about the essential linkage between case management and services such as day treatment, and is also concerned about cuts to jail health.

Jonathan Vernick, Executive Director of Baker Places, said that the10 percent reduction that eliminates all adult residential services would eliminate the continuity of care of the current system.

Karen Patterson Matthew, Executive Director of Bayview Hunters Point Foundation, supports a contractor COLA and opposes the elimination of day treatment as a modality within the system of care; she urged the Commission to reject the general fund reductions.

Abdullah spoke in support of services to the homeless.

Mark Stanford, SEIU 535, said the proposals are an absurd response to the condition the department is in.

Eve Meyer, San Francisco Suicide Prevention, opposes the cuts in Mental Health and opposes DPH giving $10 million of its own surplus to other departments.

Donna Wolfe, Bayview Clubhouse and the Tenderloin Clinic, supports a non-profit COLA. In addition, these services cannot afford any more cuts.

Bea Stephens, Westside Community Services, opposed to the 10 percent cuts, and the base budget should have a contractor COLA. There needs to be parity with Department employees.

Chris Miller, ILRC-CAB, opposes the 10 percent budget reduction proposal; the cuts will not save money, just shift where people are going to get their services.

Ken Reggio, Episcopal Community Services, said that the lack of a contractor COLA will have a service impact, and gives no recognition that the cost of doing business this year is more than doing the same level of business the previous year.

Mr. Howell, mental health services consumer, said that without the day treatment services, he would be either dead or a permanent patient of a medical facility.

Dr. Renee Navarro, Chief of Medical Staff at SFGH, paraphrased a resolution passed by the SFGH Medical Executive Committee regarding the proposed budget: that the budget statement be amended to reflect the significant cuts in patient care that will result from lack of sufficient funding for the UCSF physicians' COLAs and merits; that the physician members of healthcare service delivery not be singled out under the auspices of being a contract service; that Nuclear Medicine not be completely eliminated from the base budget; and that the 10 percent reductions not be implemented.

Dr. Earnest Ring, Chief of Radiology Service at SFGH, opposes outsourcing Nuclear Medicine to UCSF; the financial information is not adequate and further study is required.

Dr. Steve Shocket, Director of Pediatric Urgent Care at SFGH, opposes elimination of Pediatrics. SFGH provides services for children that are not available in any other hospital in the city, including pediatric trauma services.

Dr. Chris Stewart, Director of Inpatient Pediatrics at SFGH, said that these services are necessary for all of the city's children, and reiterated that it the trauma center for San Francisco. The nearest pediatric trauma facility is in Oakland, where they would have to be transferred after a major trauma.

Dr. Colin Partridge, SFGH Pediatrician, opposes the cuts to SFGH Inpatient Pediatric Services; the minimal cost savings is not worth the lost services.

Amy Cunningham, San Francisco AIDS Foundation, opposes the cuts in the rental subsidy program. People will lose their housing and become homeless.

Dana Van Gorder, San Francisco AIDS Foundation, opposes the proposal to reduce HIV/AIDS hotline funding.

Dick Hodgson, San Francisco Community Clinic Consortium, opposes all of the cuts, but specifically opposed to the elimination of funding for Haight Ashbury Clinic, Mission Neighorhood Health Center and Lyon Martin Women's Health Services.

Paul Wagner, Bayview Clubhouse client, supports maintaining the program.

Diane Roberts, Director of Inpatient Services at St. Francis Memorial Hospital, opposes the $2.8 million mental health cuts for inpatient treatment; will result in an increased number of mental ill people on the streets, and in the SFGH and St. Francis emergency rooms.

Dr. William Taeusch, Chief of Pediatrics at SFGH, opposes eliminating the SFGH Pediatric Unit. The elimination saves only $150,000, which could be saved elsewhere. He also urged the Commission to look at a consolidated women and children's hospital in San Francisco.

Michael Lyon, Coalition to Save Public Health, said the Department should not even propose the 10 percent cuts.

Bayview Clubhouse member, said that the emphasis on case management at the expense of programs that encourage mutual client empowerment will push back mental health.

John Rhodes, member of the Bayview Clubhouse, opposes the cuts to the Bayview Clubhouse.

Joanna Rinaldi, AIDS Health Project, urged the Commission to oppose the cuts. She asked the Commission to urge the Mayor to strengthen the safety net.

Bob Rybicki, Executive Director of Shanti, supports funding for the Lifelines program, which is just getting off the ground and is critically needed.

Karla Thurston, Bayview Clubhouse member, supports keeping the clubhouse open.

Nat Jordan, Bayview/Thunderseed Day Treatment, opposed to the cuts to the program.

Dr. Ramona Davis, Medical Director of the Bayview/Thunderseed Day Treatment program, supports retaining the program.

Christine Taylor, Seneca Residence, spoke in support of the Tenderloin Self-Help Center and other programs that provide mental health services.

Conley Ogletree, currently homeless and being helped by the Tenderloin Self-Help Center; the program will not withstand the cuts.

Jeremy Burke, opposes cuts to the Tenderloin Self Help Center.

Joseph McInerney, spoke in support of day treatment programs on behalf of the Tenderloin program.

Donald Frazier, Director of Drug and Alcohol Contractors Association, recommends a COLA for community-based agencies in the base budget and that the advisory boards be allowed to continue their administrative duties.

Rebecca Yuz, Self-Help for the Elderly, said that without the subsidy from the Department the program will have to raise its rates charged to low-income elderly.

Janet Goy, CATS, expressed concerns about cuts to the Mobile Assistance Program.

Max Haptonstahl, CATS, opposes cuts to the Mobile Assistance Program.

Jackie Jenks, Executive Director of Central City Hospitality House, which operates the Tenderloin Self-Help Center, opposes the proposal to eliminate funding for the center; it serves 10,000 individuals per year and services are not available elsewhere in the Tenderloin.

Esther Chavez, Program Director, Tenderloin Self-Help Center, opposes the elimination of funding for the program.

Susan Shensa, St. Anthony Foundation, supports the Central City Hospitality House; please do not close.

Ray Williams, member of the Tenderloin Community, opposes cuts to the Central City Hospitality House and Tenderloin Self-Help Center.

Woman representing LGBT community spoke in support Central City Hospitality House, and described how they helped her become a successful person.

Lawrence Smith opposes cuts to the Tenderloin Self-Help Center.

Donald Turner opposes cuts to the Tenderloin Self-Help Center.

L.S. Wilson, Boardmember for Central City Hospitality House, opposes the proposed cuts to the program; there are not enough service now, and thousands of individuals be impacted.

Thomas Carney, Central City Hospitality House, opposes any cuts in this organization; it is stupid to cut self-help programs.

Karen Washington has been served by the Tenderloin Self-Help Center for many years, and opposes any cuts to the program.

George Tirano, transitional work coordinator at the Hospitality House, said that many critical programs are provided at the Tenderloin Self-Help Center for 250 clients a day.

Herman Taft, opposes cuts to the Tenderloin Self-Help Center.

Sergio Conjura, Mission Resource Center, spoke in support of the Central City Hospitality House; it provides critical services and please do not cut.

Allison Lum, Mayor's Disability Council, supports Central City Hospitality House, the baseline cut and the 10% cut would mean the elimination of the program.

Abel Ferreira urged the Commission not to cut the contract for the Tenderloin Self-Help Center.

Amitial Donely opposes cuts in the Central City Hospitality House/Tenderloin Self-Help Center contract.

Roy Harrison supports the Bayview Clubhouse and opposes the proposed cuts.

Mary Martindale, Jail Psychiatric Services/Haight Ashbury Free Clinics said the elimination of funding for jail psychiatric services would dismantle the program. These cuts carry the risk of lawsuits as well as harm to the inmates.

Susannah MacKaye, Jail Psychiatric Services/Haight Ashbury Free Clinics, opposes the elimination of funding. The cuts will impact the ability to provide a critical linkage to the community and continuity of care.

Alex Georgeokopolous, Jail Psychiatric Services/Haight Ashbury Free Clinics, discussed the discharge planning services for inmates, which would be reduced as a result of the proposed elimination of funding, which are legally required.

John Poh, nurse practitioner for Jail Medical Services, said that the cuts to jail health services would have a tremendous negative impact, and he opposes the cuts.

Jennifer Freidenbach, Substance Abuse/Mental Health Workgroup of the Coalition on Homelessness, urged the Commission not to settle for the baseline budget—it is not good enough. The 10 percent cuts impact community based organizations by 30, 50 or 100 percent.

Roger Kat opposes cuts to mental health and drug treatment services.

Luther Richert opposes cuts in Central City Hospitality House.

Barbara Farrell, Ohlhoff Recovery Programs, speaking on behalf of the Treatment on Demand Planning Council, voiced opposition to reduction of substance abuse services.

Gene Coleman, representing the Citywide Drug and Citywide Alcohol Abuse advisory boards, spoke in support of continuing funding for these two advisory boards.

Mr. S.D. Paris-Adams expressed problems with his experience receiving mental health services.

Teresita Gatan, SEIU Local 250, urged the Commission to oppose the proposed budget.

Shoshana Hall, Jail Health Services, described the various health services that are provided at the jail, and urged the Commission to oppose cuts to jail health.

Sabel Samomé spoke in support of funding for Central City Hospitality House.

Chris Sam spoke in support of funding Larkin Street, TARF and the Tenderloin Self-Help Center

Serena Lourie spoke on behalf of St. Mary's Medical Center and opposes the proposed cuts to the inpatient mental health program, and described the impacts on the adolescent mentally ill.

Rod Walton, Board of Directors of Central City Hospitality House, spoke in opposition to the elimination of funding for Tenderloin Self-Help Center. The poor and needy are carrying the City's budget shortfall.

Anne Hayward, Tenderloin Self-Help Center, opposes the cuts; the program helps people maintain their lives.

Dr. Alan Gelb, Chief of the Emergency Department at SFGH, also representing Dr. Philip Hopewell, spoke in support of merit and COLA increases for the UC contract. The City's contract with UC has proved to be fiscally beneficial to the City. The lack of these increases will result in loss of services to SFGH clients, including cuts in the ER.

Dr. Teresa Palmer, Coalition to Save Public Health, said that instead of a 10 percent reduction, the Department should propose a 10 percent increase.

Larry Bevan, Local 250 shop steward, opposes the proposed reduction in beds at the Mental Health Rehabilitation Facility (MHRF). The result will be a logjam at PES.

Helenya Brooke, Mental Health Board, urged the Commission to urge the Board of Supervisors to look closely at other sources of revenue for these critical services.

Andrea Leong, Mental Health Board, urged the Commission to reject the proposed mental health cuts. Without day treatment services, mentally ill individuals will not have a safety net.

Janet Shalwitz, Coleman Advocates for Children and Youth, opposes cuts to nursing services to San Francisco Unified School District as well as further cuts to SFGH. She said that the cuts are out compliance with the requirements of the children's baseline budget.

Dr. Elizabeth Murphy, endocrinologist at SFGH and UCSF, opposes the transfer of Nuclear Medicine Division at SFGH. Cutting the division will not reduce the number of patients, only delay their care.

Joe Wilson, Coleman Advocates for Children and Youth, expressed concern that the cuts have disproportionate impact on vulnerable populations including mentally ill and children and youth. He urged the Commission to stand up to the mayor.

Dr. Bob Lull, Chief of Nuclear Medicine at SFGH, spoke about the impact of the elimination of inpatient Nuclear Medicine services. This would make SFGH the only inpatient hospital in the bay area without nuclear medicine.

John Hay, works at the MHRF, opposes the proposal to cut 30 beds from the MHRF.

Bryan Uyeno, shop steward and employee of Laguna Honda Hospital, urged the Commission not to contract out the laundry facility.

Gregory Price spoke about contracting out laundry services at Laguna Honda Hospital.

Ben Ruvalcaba, Laguna Honda Hospital employee, opposed to contracting out of the laundry; not fair to the workers.

Damone Hale, Delinquency Prevention Commissioner, implored Dr. Katz to engage the community organizations in a meaningful way to plan the reductions.

William Schecter, M.D., Chief of Surgery at San Francisco General Hospital, spoke in support of keeping Nuclear Medicine services at San Francisco General Hospital, and spoke about the variety of services that would be impacted; cannot have a modern, first-class hospital without Nuclear Medicine.

David Arvio, employee of CHMS, conveyed to the Commission the difficulty of his job and urged the Commission not to make cuts in mental health

Delphine Brodie, St. James Infirmary, conveyed to the Commission that there are not enough services right now, and do not cut further. Funding, and not cuts, for harm-reduction based treatment on demand is needed.

Alfredta Nesbitt, asked the Commission to reconsider the proposed cuts in substance abuse services because treatment does work.

Commissioners' Comments

- Commissioner Jackson said that the baseline budget is a start, but there are a few items that need to be addressed. He said that the 10 percent cut is abhorrent to every Commissioner. However, if cuts do need to be made, they should be made by Department of Public Health staff, and not left up to the Mayor by sending him no recommendation. The Commission needs to convey strongly that these cuts are unacceptable. Commissioner Jackson reminded people that these cuts are not a foregone conclusion. Commission Jackson asked staff to further evaluate the laundry proposal.

- Commissioner Monfredini said that this is not what the Commission wants to do, but it would not be wise to let the Mayor identify cuts on his own. Commissioner Monfredini has been on the San Francisco General Hospital Joint Conference Committee for at least three years, and at least once a year it is brought to the committee's attention that $2 million is needed to upgrade the Nuclear Medicine equipment. It is interesting that now the staff feels that what they have is valuable, and Commissioner Monfredini wants this issue to be evaluated over the next two weeks.

- Commissioner Umekubo commented that this is always a difficult time for everyone. He appreciates the testimony about the needs created by and the impact of the proposed cuts in services. It is unfortunate that the Commission has the reduction mandate, and he is hopeful that the plan will be rejected. The Commission needs to clearly convey to the Mayor and Board of Supervisors the implication of these cuts.

- Commissioner Sanchez commented that the public testimony was very enlightening, and demonstrated that the Department and the community have been providing quality, comprehensive services. He said that further review of the baseline budget is needed, and the 10% reduction plan is unacceptable.

- Commissioner Chow commended people for their pertinent and passionate testimony. If there has to be reduction strategy, the Commission has to clearly explain the interrelated impact of these cuts. He asked the Department to address the following concerns and questions over the next two weeks. 1) If Jail Services is reduced as proposed, will we fall out of compliance, and what other dangers does it create? 2) The institutionalization of some addbacks should be brought to the attention of the Mayor's Office. 3) The Commission should make a statement in the resolution in support of a contractor COLAs. 4) The Department should re-examine the Nuclear Medicine issue. With regard to Jail Services, Dr. Katz responded that we are not currently operating under a consent decree, and nothing in the proposal will automatically cause the jail to fall out of compliance. However, there is a risk that someone would bring a suit against the Department. The other questions will be addressed over the next two weeks.

- Commissioner Parker commented upon the compelling testimony that was given, and said that any budget cuts would end up costing more down the line. He added his voice in terms of encouraging the Mayor and the Board of Supervisors to minimize any budget cuts in the Health Department, and encouraged the Mayor to increase the budget if at all possible. All stakeholders—all City Departments—need to come to the table to help.

- Commissioner Guy said that now that the cuts are clearly identified, the Commission can work with staff and advocates to advocate against the cuts. She said that the baseline budget is a major achievement that moves forward the Department's Strategic Plan. She acknowledged the efforts of staff to bring in grants, and acknowledged the Mayor for annualizing the Universal Healthcare for Children program. Commissioner Guy asked the Department to address the following questions over the next two weeks: 1) when do we take addbacks and put them into the base budget? 2) Maybe we do have to make a structural effort to get contractor COLAs incorporated into the base budget—they really are a structural part of who we are, and we need them. 3) It is hard to jeopardize the progress that has been made in the mental health system in the 10 percent cuts. 4) How is it possible to cut Jail Services even more? This is a structural problem that needs to be addressed by the Board of Supervisors.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 8:30 p.m.

Michele M. Ols

Michele M. Olson
Executive Secretary to the Health Commission

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

Tuesday, February 19, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF FEBRUARY 5, 2002**
**Minutes of February 5, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)
**Report*

(3.1) PHP-AIDS Office – Request for approval of a retroactive sole source contract renewal with California AIDS Intervention Training Center, in the amount of $150,000, to provide case management and peer advocacy services to uninsured/underinsured HIV positive Native Americans

and Alaska Natives at or below the poverty level, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report summary, Monitoring report update, Client demographic information form*

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive contract with Urban Indian Health Board, Inc., in the amount of $72,450, to provide treatment advocacy to uninsured or underinsured HIV positive Native Americans and Alaska Natives at or below the poverty level, for the period of October 1, 2001 through February 28, 2003.
**Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Ark of Refuge, Inc., in the amount of $134,017, to provide HIV health services for HIV positive transgender persons, for the period of October 1, 2001 through February 28, 2003.
* *Calendaring request memo, Monitoring report summary, Response letter, Monitoring report update*

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive new contract with UCSF School of Dentistry, in the amount of $325,715, to provide decentralized dental care services targeting uninsured/underinsured HIV positive San Francisco residents, for the period of June 1, 2001 through February 28, 2002.
** Calendaring request memo*

(3.5) **PHP-Community Health** – Request for approval of a retroactive contract modification with the Regents of the University of California, Berkeley, to provide professional research analysis services, for the period of May 1, 2000 through February 28, 2005. This modification is to extend the contract term an additional four years and increase the funding in the average amount of $63,170 per year, for a new contract total of $306,499.
** Calendaring request memo, Contract evaluation form*

(3.6) **PHP-Community Health** – Request for approval of a retroactive sole source contract renewal with San Francisco Study Center, in the amount of $351,351, to provide technical assistance and support services for the DPH African American Health Initiative, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF FEBRUARY**
**List of Awardees*

6) **FOR ACTION:** **FISCAL YEAR 2002-03 BUDGET REVIEW AND ADOPTION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S BASE BUDGET FOR FY 2002-03, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO MAINTAIN THE DEPARTMENT OF PUBLIC HEALTH'S SAFETY NET SERVICES**
(Monique Zmuda, DPH Chief Finance Officer)
**Resolution*

7) PUBLIC COMMENTS**

8) CLOSED SESSION

2r A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $65,000, Fouchia v. CCSF and Jacquelyne Caesar, San Francisco Superior Court, Case No. 319456

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

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American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

~ Agenda 3/5/02

SF
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2/19/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, February 19, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The Health Commission meeting was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:
President Edward A. Chow, M.D.
Vice President Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison S. Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF FEBRUARY 5, 2002

Action Taken: The Commission amended the February 5, 2002 Health Commission Minutes to include the testimony of the following individuals who submitted their testimony in writing:

- Dennis McLaughlin, Laguna Honda Employee and member of SEIU Local 250, opposes contracting out laundry services and laying off workers represented by Local 250; the Department must honor the principles in the contract with the City that relate to contracting out.
- Oletha Hunt, chief shop steward for Local 250 at Laguna Honda Hospital and a CAN for the past 15 years, opposes contacting out the laundry department and the dietary and housekeeping departments; the contract with the Local 250 workers does not allow contracting out.
- Dr. Angela Wong, UCSF pediatric resident, opposes the closure of the SFGH pediatric ward. The unit provides specialized services including trauma services and staff specially trained to address child physical and sexual abuse. In addition the closure will impact socially high-risk families, some of whom would not be able to visit their children if they were shipped throughout the Bay Area.
- Dr. Greg Harlan, UCSF pediatric resident, opposes the closure of the SFGH Pediatric Ward; this ward is essential to the children of San Francisco.
- Iris Biblowitz, nurse at the Windsor Hotel, wrote that many of the people she works with at the Windsor Hotel have recently been homeless or have serious physical and mental illness or addictions. With the budget cuts she can foresee more deaths. She asked if we are about to push our public health department to the point of no return.
- George C. Lytal, President & CEO, Crestwood Behavioral Health, is specifically concerned with the proposed 50 percent reduction in funding for both mental health and neurobehavioral services for San Francisco residents; the proposed reductions to the mental health budget will have an extremely detrimental impact on clients and increase the city's costs for police, court and jail services, and lead to higher admissions to the city's acute care hospitals.

The Commission approved the minutes as amended.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired, and Commissioners Monfredini and Umekubo attended, the Budget Committee meeting.

(3.1) PHP-AIDS Office – Request for approval of a retroactive sole source contract renewal with California AIDS Intervention Training Center, in the amount of $150,000, to provide case management and peer advocacy services to uninsured/underinsured HIV positive Native Americans and Alaska Natives at or below the poverty level, for the period of July 1, 2001 through June 30, 2002.

Michelle Long Dixon said that she will present an update to the Population Health and Prevention Joint Conference Committee in 60 days.

Commissioners' Comments

- Commissioner Umekubo has concerns with the report because of the various deficiencies that were pointed out in the report. It seemed that many deficiencies were not rectified within the year between the two reviews. Commissioner Umekubo asked Pat Norman, the Executive Director of the California AIDS Intervention Training Center (CAITC), to respond. Ms. Norman stated that CAITC took responsibility for the program in April 2001, which was after the review was done, and the deficiencies have been corrected as of February 2002. Commissioner Umekubo pointed out that the current report still identifies deficiencies. Ms. Long Dixon said that there are still some deficiencies, and staff has met with the agency again to get a clear understanding of what the remaining issues are, and will go back out to review the program next month.

- Commissioner Monfredini said she was sorry the new agency has to take the heat for the past agency's mistakes, but all agencies must comply with the rules and regulations that are required by the Department. Ms. Norman replied that the services have been exemplary, and Commissioner Monfredini agreed. Ms. Norman said that CAITC has addressed a number of the requirements, for example they developed a policy and procedures manual, and they will follow through on the commitment they made to comply with all DPH requirements.

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive contract with Urban Indian Health Board, Inc., in the amount of $72,450, to provide treatment advocacy to uninsured or underinsured HIV positive Native Americans and Alaska Natives at or below the poverty level, for the period of October 1, 2001 through February 28, 2003.

Commissioners' Comments

- Commissioner Jackson asked if the unduplicated clients that will be served by the CAITC contract (Item 3.1) are different from the unduplicated clients served by this contract. Ms. Long Dixon said that there may be some overlap of clients, and staff has asked the agencies to communicate about the clients that they have in common.

- Commissioner Umekubo said that there were some allegations that the Native American AIDS Project (NAAP) left the Urban Indian Health Board because it is homophobic, and asked if this has been addressed in the Cultural Competency Report. Mr. Waukazoo, the Executive Director of the Urban Indian Health Board, said that the Advisory Board of NAAP decided on its own last April to find another fiscal intermediary. This allegation is untrue. Ms. Long Dixon added that there was a complaint made, but it was never substantiated.

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Ark of Refuge, Inc., in the amount of $134,017, to provide HIV health services for HIV positive transgender persons, for the period of October 1, 2001 through February 28, 2003.

Commissioners' Comments

- Commissioner Umekubo asked if the system for tracking units of service is now working. Ms. Long Dixon responded that the tracking system still needs work, and the program manager is working with the agency staff to ensure that the system is on track, and will test it next month.

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive new contract with UCSF School of Dentistry, in the amount of $325,715, to provide decentralized dental care services targeting uninsured/underinsured HIV positive San Francisco residents, for the period of June 1, 2001 through February 28, 2002.

Commissioner Sanchez abstained from voting on this item.

(3.5) **PHP-Community Health** – Request for approval of a retroactive contract modification with the Regents of the University of California, Berkeley, to provide professional research analysis services, for the period of May 1, 2000 through February 28, 2005. This modification is to extend the contract term an additional four years and increase the funding in the average amount of $63,170 per year, for a new contract total of $306,499.

Commissioner Sanchez abstained from voting on this item.

(3.6) **PHP-Community Health** – Request for approval of a retroactive sole source contract renewal with San Francisco Study Center, in the amount of $351,351, to provide technical assistance and support services for the DPH African American Health Initiative, for the period of July 1, 2001 through June 30, 2002.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining from voting on 3.4 and 3.5.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Additional Proposition 36 Funding

The Department received an additional $325,554 this month for the administration of the Substance Abuse and Crime Prevention Act (SACPA), also known as Proposition 36. The funds originate from State Senate Bill 223 (Burton), which provides funding in federal fiscal year 2001 for drug testing costs in the amount of $8.4 million statewide from the Substance Abuse and Treatment Block Grant Award. In addition to purchasing drug tests, DPH will use San Francisco's allocation to hire a case manager and to increase treatment slots. These funds supplement the $2,298,950 San Francisco received in FY 2000-01 for the administration of the Act.

Federal Funding for Treatment on Demand

The 2002/03 Federal budget, approved by Congress in December, earmarked one million dollars for San Francisco's Treatment on Demand effort. Recommended by US Representative Nancy Pelosi, the money will fund the development and evaluation of innovative substance abuse services in San Francisco.

Second Annual Black History Month Celebration

On February 6, 2002, the African American Health Initiative Managers of African Descent presented its Second Annual Black History Month Celebration honoring Blacks in Health, Medicine and Science. This year, Dr. Arthur Coleman, who has practiced in the Bayview Hunters' Point Community for over 50 years and former DPH Public Health Nurse, Agnes Morton, Director, NIA/Ujima Wellness Center were honored and will have a permanent tribute in the AAHI's "Gallery of Excellence in Community Health and Medicine." Their portraits are displayed here, at today's Commission

Commissioners' Comments

- Commissioner Umekubo asked how many outpatient treatment slots they anticipate with the federal funding for treatment on demand. Dr. Katz will get this information to the Commissioners.

- Commissioner Chow asked if there is further information regarding the Upper Payment Limit issue. Dr. Katz responded that the federal budget and the guidelines for HRSA definitely enforce the 100 percent limit, and he does not think this is going to change. However, he thinks they are going to develop a different mechanism to help county hospitals serve the uninsured. The UPL used to be the vehicle. Dr. Katz believes another vehicle will be developed.

- Commissioner Parker asked if the additional Treatment on Demand money and Proposition 36 money has already been included in the budget. Monique Zmuda said these funds have not yet been included in the budget, but clarified that they are dollars for the current fiscal year, not for FY 2002-2003.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF FEBRUARY

Commissioner Roma Guy presented the employee recognition awards to the following.

Employee's Name	Division	Nominated by
Efren Velonza	Southeast Health Center	Cheree Benton, Principal Clerk Supervisor
Sam Cherry	Institutional Police Officer CHN/Tom Waddell Clinic	Marian Peña, Center Director

In addition, Commissioner Guy acknowledged Delia Garcia, who is leaving the Health Department to work in the regional offices of the Health Resources and Services Administration. The Commission wished Ms. Garcia much luck in her new position.

6) FISCAL YEAR 2002-03 BUDGET REVIEW AND ADOPTION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S BASE BUDGET FOR FY 2002-03, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO MAINTAIN THE DEPARTMENT OF PUBLIC HEALTH'S SAFETY NET SERVICES

Monique Zmuda, DPH Chief Finance Officer presented the Fiscal Year 2002-2003 budget and resolution. Ms. Zmuda summarized the changes that were made to the base budget since the February 5, 2002 Health Commission presentation. These changes to the budget do not impact the General Fund. The adjustments to the base are:

- The Nuclear Medicine proposal was revised. SFGH will continue to provide Nuclear Medicine services at the hospital. Costs will be reduced by $500,000 and revenue will be increased by $175,000. Revenues from MediCal for ancillary services will be increased by $400,000. Total General Fund savings of $1.1 million remains unchanged.

- The IHSS Healthy Workers Program. The Department of Public Health helps provide insurance to IHSS workers by transferring money to the Department of Human Services (DHS) to draw down federal money, which is then used to purchase health insurance for these workers. The Department then receives revenue from capitation. The enrollment to this program has increased by approximately 1,000 from last year, so revenues from capitation were increased by $1.4 million and the work order to DHS was increased to accommodate this increase.
- The proposal to reduce Maternal and Child Health Services at the school district was withdrawn. Instead, the Department will reduce contract funding that remains unspent in the current year.

Ms. Zmuda said that since the last presentation, the Department has learned that the CARE Title I grant award may be reduced by up to $2 million. If this happens, these services will have to be reduced by up to $2 million.

The 10 percent General fund reduction proposal remains unchanged from the February 5th budget presentation.

Ms. Zmuda said that based on public testimony and comments made by Commissioners at the February 5th meeting, the Department is recommending that the Commission approve the base budget, urge the Mayor and the Board to identify permanent funds for valuable "add back" programs, urge the Mayor and the Board to provide a COLA to contractors and UC and urge the Mayor and Board to identify sufficient funding to maintain vital healthcare services provided by the Department of Health and avoid service reductions that would occur with a 10 percent General Fund reduction.

Ms. Zmuda said that no decision will be made on the 10 percent reduction plan until April at the earliest, and that this budget process will be a very didactic process over the next few months.

Public Testimony

Jennifer Friedenbach submitted the Drop-In Center Planning Process and Proposal; there is a lot of evidence that this will save the Department a lot of money, and she would appreciate the Commission's support for this proposal. Ms. Friedenbach said that the base budget still includes the $100,000 cut to Central City Hospitality House.

Eve Meyer, San Francisco Suicide Prevention, thanked the Commission for advocating for the contractor COLA. One of the rays of hope was the work group on after hours mental health services, and she supports the effort. The after hours services would help the system tremendously.

Dr. Philip Hopewell, UCSF Associate Dean at SFGH, spoke in support of the recommendation that the budget include cost of living increases for the university contract. He made two points: a failure to fund the inflationary increase equates with a reduction in services; because of the interrelationship of the services UC provides with the services provided by SFGH, in essence a reduction in UC's budget is essentially the same as a reduction in the hospital's budget.

Roger Kat, consumer of psychiatric services in San Francisco, likes the fact that the Commission is opposed to the cuts being implemented, and described an experience he had seeing a person die on the streets.

L.S. Wilson, Coalition on Homelessness, opposes all the cuts, but specifically speaking in support of the after hours proposal. The 5150 process is intrusive and counter-therapeutic. When individuals do not get help until they are in severe crisis, they are more expensive to serve. The $200,000 that they have for this program is not enough.

Daryl Inaba, Haight Ashbury Free Clinics, said that is difficult to continue to do business without COLAs, and the lack of a COLA will mean a service cut. He described the impact the 10 percent reduction proposal will have on various services.

Steven David Paris-Adams, spoke about inadequate mental health services. CMHS has not investigated his complaints.

Patrick Monette-Shaw, requested a HIV/AIDS Prevention/Intervention Inventory. Many of the current programs do not work, and the Department should not have to cut other programs. Mr. Monette-Shaw submitted written testimony as well.

Michael Lyon, Coalition to Save Public Health, said none of the cuts that were proposed should even be considered, and they should not be forwarded to the Mayor's office. He said that even if the baseline budget does go through, there are hundreds of vacant positions in the clinics and hospitals that need to be filled. The Department needs more money, not less and not the same amount.

Lonnie Hicks, Family Service Agency, thanked the Commission for the work that has been done over the last two weeks. The baseline budget is a cut in itself, and the implications of this are not clear. He thinks that the Commission should take a serious look at what the cuts will cost. Need this information to make good decisions.

Marie Wren, Program Director for Geriatric Services West, a Family Service Agency program. The seven speakers who spoke last week were a very energizing experience. She thanked the Commission for the proposed resolution to not go ahead with the cuts, but is disappointed that the cuts are still in the revised budget. She takes issue with less costly services for more people being prioritized over more costly services for fewer people.

David Silva, Family Service Agency, said the proposed cuts in day treatment services will result in 34 percent cost increases in other areas of the system.

Wade Sudduth said that cuts in mental health programs will result in increased crime and homelessness. He is scared that the cuts will mean he has no place else to go.

Paul Wagner, opposes cuts to the Bayview Clubhouse.

Conley Ogletree from Tenderloin Self Help Center urged the Commission not to cut the budget. If budgets are cut, they won't be able to live the way they are now. Everybody loses.

Dr. Louise Foo, Conard House, spoke in support of Jackson Street Residential Program. It it's the only program of its kind in the city that serves monolingual Asian clients. The elimination of residential treatment will mean an increased burden on the police and the hospital system.

Rita Lam, pharmacist, urged the Commission to oppose cuts to the SFGH pharmacy that are proposed under the 10 percent reduction proposal. The proposal eliminates three classes of drugs, all of which are vital to providing effective care to their clients. All drugs are cost effective and improve quality of life. Cuts will increase hospitalizations and mortality and morbidity.

Maria Martin and Lindsey Berger, Youth Commission and Youth Commission Public Health Committee, said they are disappointed that budgets for police are increasing but budgets for public health are decreasing. The budget priorities should be to maintain school services; advocate for LGBTQ youth services; support better coordination of services; programs should rely on each other for support; and if money is going to be taken away from programs that are not working well, put the money into fixing the programs.

Jackie Jenks, Central City Hospitality House, said that the elimination of the $100,000 in the base budget would result in the closure of the Tenderloin Self-Help Center and many other services. Due to a clerical error, the funding has always been considered an addback, and it should be in the base budget.

Luther Rickert, Central City Hospitality House, thanked the Commission for doing what it can to maintain the safety net but there are still gaping holes, including inadequate mental health services. He also wants Commission to restore the $100,000 addback in the base budget.

Arnital Donely, Central City Hospitality House, spoke in support of the self-help center. The program is very important to the Tenderloin infrastructure. A lot of agencies cannot take any cuts; they have already been reduced too much, and there are less grants, less federal funding, etc.

Shelly Shores, works for Conard House Jackson Street Residential Services and is a mental health consumer. With the help she has received from these services, she is functioning in society, is able to raise her son, and is able to help others. Reductions in mental health would mean that crime and homelessness will increase.

Eric Politzer, Ark of Refuge, said in two weeks, the Ark House will be celebrating its first anniversary. The proposed cuts in addbacks would result in a cut to the Ark House. The program is so vital, it should permanently in the baseline. Currently have a full house—15 young adults—and a waiting list of seven.

Alan Mickey Shipley, urged the Commission to opposed cuts in staffing to the CAAB, and to oppose cuts Jackson Street residential program. If the cuts go through, mental health consumers will end up on the street.

Elizabeth Frantes, said that Healthy Children program should be paid for by the State. This program discriminates against single adults, and the $3 million for the annualization of the program could be better used to fund some of the proposed cuts.

Michael Bartolomes, spoke in support of the Bayview Clubhouse, and is opposed to all of the mental health cuts.

Karen Patterson Matthew, Bayview Hunters Point Foundation, urged the Commission to also look at substance abuse cuts, as they also have a detrimental impact. She supports the contractor COLAs. She said that the COLAs are still "inside of the box" along with the 10% reduction proposals and the Commission should urge the mayor to look "outside the box."

Richard Heasley, Conard House, thanked the staff and the Commission for listening to what they had to say, for understanding, and for having the courage to pass the resolution that is before them.

Commissioners' Comments

- Commissioner Monfredini supports the resolution and said that she does hear everything the public has to say and that it is difficult to hear how severe these cuts will impact our community. However, the Commission was asked to submit a 10 percent reduction proposal, she hopes that the Mayor and the Board of Supervisors will see fit to maintain some of these key services and not take the cuts.

- Commissioner Chow asked for a clarification on whether whole classes of drugs are proposed to be eliminated as part of the 10 percent proposal. Dr. Katz said that in some instances, this might happen. For example, the pharmacy is providing antihistamines, but not non-sedating antihistamines. With regard to statins, are not treating an illness, rather a risk factor. And there are other ways to treat the risk factor, such as changes in diet and exercise.

- Commissioner Sanchez said that this has been a unique opportunity to hear extensive testimony, read correspondence, talk to people, etc. What the Commission and the public are saying is that the system of care cannot sustain these cuts. He thanked the people who came out to testify and the staff. Commissioner Sanchez emphasized that there is still work to do, and he and other Commissioners will work with foundations and other funders to further fill the gap.

- Commissioner Parker said that it is too costly to lose ground after all of the gains that have been made in the system of care.

- Commissioner Guy thanked staff for their work, and emphasized two points that she did not make at the previous meeting. The first is dental services. The Department has struggled very hard to include dental services, and it is hard to lose them now. Second, there have been a lot of struggles over locating housing services in San Francisco due to NIMBYism. It is important that the existing sites are not lost, otherwise it will take many years of consensus building to get these programs back into the community.

- Commissioner Jackson said that the clarity by which the Department brought the budget issues forward has been great. When we take a step backward in services, it is incredibly difficult to get those services back. The city cannot allow people to be returned to the streets and cannot add to the homeless population, and everybody suffers if people are put back on the street.

- Commissioner Chow said that the Department has a continuum of care and as things are removed from the continuum, gaps in service emerge. Commissioner Chow said that with regard to the addbacks, the Mayor and the Board of Supervisors have the ability to look at funding these programs. However, the rules to the Department thus far are that, even if the Department or Commission feels a program funded through an addback is valuable, there is no opportunity to advocate for adding these to the base. Commissioner Chow said that the Commission is looking for the option of recommending the institution of programs that turn out to be valuable.

Action Taken: The Commission amended the proposed resolution by adding "strongly" to the first, second and third "further resolved" clauses, so that the clauses read "the Health Commission *strongly* urges the Mayor and Board of Supervisors..."

Action Taken: The Commission disapproved a motion to further amend the resolution by adding *"declines to endorse"* rather than *"does not endorse"* to the last "further resolved" clause.

Action Taken : The Commission unanimously adopted Resolution #03-02, "Approving the Department of Health's Base Budget for Fiscal Year 2002-03, and Urging the Mayor and the Board of Supervisors to Maintain the Department of Health's Safety Net Services," (Attachment A), with the amendments.

7) PUBLIC COMMENTS

Michael Lyon, member of the Pharmacy Oversight Committee, is concerned that the information that was provided by the Director of the Pharmacy regarding the per prescription cost comparison is inaccurate. The amount assigned to overhead is way too much—should be $15 rather than $31. Mr. Lyon said that one pharmacy cut has already been made, and that is that people can only get a 30-day supply of drugs. This did not go through the Pharmacy Oversight Committee.

8) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission voted to go into closed session.

The closed session began at 5:10 p.m. People attending the closed session were the Health Commissioners (except for Commissioner Parker), Dr. Mitch Katz, Deputy City Attorney Stacy Lucas, Gene O'Connell, Norm Nickens and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $65,000, Fouchia v. CCSF and Jacquelyne Caesar, San Francisco Superior Court, Case No. 319456

D) Reconvene in Open Session

The Commission reconvened in Open Session at 5:20 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

   Action Taken: The Commission (Chow, Guy, Jackson, Monfredini, Sanchez, Umekubo) voted to approve the settlement.

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).).

   Action Taken: The Commission (Chow, Guy, Jackson, Monfredini, Sanchez, Umekubo) voted to approve the settlement.

9) ADJOURNMENT

The Health Commission meeting was adjourned at 5:20 p.m.

Michele M. Olson

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-02

APPROVING THE DEPARTMENT OF HEALTH'S BASE BUDGET FOR FISCAL YEAR 2002-03, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO MAINTAIN THE DEPARTMENT OF HEALTH'S SAFETY NET SERVICES

WHEREAS, the Department of Health's budget proposal for fiscal year 2002-03 includes a base budget, and a list of General Fund reductions pursuant to the instructions of the Mayor's Budget Office; and,

WHEREAS, the Department of Health has surplus revenues in the current fiscal year 2001-02 year that it requests be applied to balance next year's budget; and,

WHEREAS, the Department projects additional revenues from State and Federally funded programs that will allow the Department to balance the budget for fiscal year 2002-03; and,

WHEREAS, the Department's base budget maintains existing services and funding levels, and also improves the funding levels of existing healthcare services in selected areas; and,

WHEREAS, the base funding funds salary COLA's to civil service employees, expands the number of funded beds at San Francisco General Hospital, enhances nurse staffing at Laguna Honda Hospital, funds cost increases for pharmacy services, and expands children's mental health services; but,

WHEREAS, the budget instructions require the elimination of all program "add-backs" that were funded by the Mayor and/or Board of Supervisors with one time funds in the current year, which reduces vital healthcare and prevention services and programs; and,

WHEREAS, the base budget does not contain a Cost of Living Adjustment (COLA) to contractors or to the University of California for providing health services, which will result in the reduction of services to the Department's clients and patients; and,

WHEREAS, the instructions from the Mayor's Budget Office require the Department to propose 10% of General Fund reductions, which equates to $30 million for the Department of Public Health, in the event that additional cost reductions are needed to balance the City budget; and,

WHEREAS, the Department identified $25 million in potential General Fund reductions, many of which would reduce vital healthcare services to target populations and reduce access to care; and

WHEREAS, the Health Commission and the Health Department have developed a continuum of care across a spectrum of services based on the Department's Strategic Plan; and,

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 3-02 (Cont'd.)

WHEREAS, reducing or eliminating components of this continuum will create service gaps in the system through which clients and patients will be without care; and,

WHEREAS, the Health Commission is opposed to services reductions of safety net services; now, therefore, be it

RESOLVED, that the Health Commission approves the Department of Health's base budget for fiscal year 2002-03; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisors to evaluate the process for adding funds to enhance programs with one time "add-backs" and identify permanent funds to continue valuable programs in the Department's base budget; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisors to fund a contractor COLA to the Department's contractors and to the University of California that will allow these agencies to fund salary and operating increases without reducing the scope or volume of services provided to the clients and patients that they serve; and, be it

FURTHER RESOLVED, that the Health Commission does not endorse the 10% General Fund reductions, and strongly urges the Mayor and the Board of Supervisors to identify sufficient funding to maintain the vital healthcare services provided by the Department of Public Health and avoid service reductions that would occur with a 10% General Fund reduction.

I hereby certify that the Health Commission at its meeting of February 19, 2002 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

2 David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

03-01-02A10:39 RCVD

AGENDA

HEALTH COMMISSION MEETING

Tuesday, March 5, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF FEBRUARY 19, 2002**
**Minutes of February 19, 2002*
see ↑

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **PHP-Substance Abuse** – Request for approval of a retroactive contract modification to a four-year contract with the Homeless Prenatal Program, in the amount of $83,708, for the period of July 1, 2001 through June 30, 2002, to provide outreach and case management services, for a total contract value of $742,741, for the period of July 1, 2000 through June 30, 2004.
** Calendaring request memo, Client demographic information form, Letter to program, Monitoring report summary*

(3.2) **PHP-Mental Health** – Request for approval of retroactive contract renewals with Jewish Family and Children's Services, Moss Beach, dba Aspira Foster and Family Services and West Coast Children's Center, as part of the shared San Francisco Mental Health Plan contracts for a total of $3,309,409, to provide mental health services, for the period of July 1, 2001 through June 30, 2004.
** Calendaring request memo, Client demographic information forms, Monitoring report summaries*

(3.3) **PHP-Mental Health** – Request for approval of a contract modification with Calvin Y. Louie, CPA, in the amount of $301,411, to provide fiscal intermediary services for the Community Mental Health Services supplemental residential care facilities, for the period of July 1, 2001 through June 30, 2002, for a total contract value of $4,560,254.
** Calendaring request memo, Monitoring report summary*

(3.4) **PHP-Mental Health** – Request for approval of a retroactive contract modification to a four-year contract with Community Vocational Enterprises, Inc., in the amount of $160,040 for the period of July 1, 2001 through June 30, 2002, to provide vocational support services for mentally ill consumers, for a total contract value of $4,171,676, for the period of July 1, 1998 through June 30, 2002.
** Calendaring request memo, Monitoring report summary*

(3.5) **CHN-SFGH & Health at Home** – Request for approval of a contract renewal with Toyon Associates, Inc., in the amount of $355,324, to provide reimbursement and revenue optimization services to San Francisco General Hospital and Health at Home Agency, for the period of April 1, 2002 through March 31, 2003.
** Calendaring request memo, Monitoring report summary*

(3.6) **PHP-STD Prevention & Control** – Request for approval of a new contract with Internet Sexuality Information Services, Inc., in the amount of $100,575, to provide syphilis elimination services, for the period of February 1, 2002 through December 31, 2002.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MARCH**
**List of Awardees*

6) **FOR DISCUSSION:** **ANNUAL PRIMARY CARE REPORT**
(Patricia Perez-Arce, Ph.D., Primary Care Director)
**Report*

7) **FOR DISCUSSION:** **HEALTH AT HOME UPDATE**
(Kathy Eng, Director, Health at Home)
**Update*

8) **FOR ACTION:** **MEDICAL STAFF BYLAWS**
(Renee Navarro, M.D., Chief of Medical Staff, SFGH)
*Bylaws

9) PUBLIC COMMENTS**

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $500,000, Rosa Corrales v. Regents of the University of California et al, San Francisco Superior Court Case No. 315-584

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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3/5/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Web Site: http://www.dph.sf.ca.us
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MINUTES

HEALTH COMMISSION MEETING

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Tuesday, March 5, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The Health Commission meeting was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:
President Edward A. Chow, M.D.
Vice President Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison S. Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF FEBRUARY 19, 2002

Action Taken: The Commission approved the minutes of the February 19, 2002 Health Commission with a correction on page 11. The action taken for Item 8D)2 was amended to read: "The Commission (Chow, Guy, Jackson, Monfredini, Sanchez, Umekubo) voted not to disclose discussions held in closed session."

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(3.1) **PHP-Substance Abuse** – Request for approval of a retroactive contract modification to a four-year contract with the Homeless Prenatal Program, in the amount of $83,708, for the period of July 1, 2001 through June 30, 2002, to provide outreach and case management services, for a total contract value of $742,741, for the period of July 1, 2000 through June 30, 2004.

Commissioners' Comments

- Commissioner Umekubo asked the Executive Director, Martha Ryan, to address the progress that has been made implementing the Departments' recommendations. Ms. Ryan said that most have been complete.
- Commissioner Jackson asked what accounts for the large Asian Pacific Islander population. Ms. Ryan said that that includes all Asians.

(3.2) **PHP-Mental Health** – Request for approval of retroactive contract renewals with Jewish Family and Children's Services, Moss Beach, dba Aspira Foster and Family Services and West Coast Children's Center, as part of the shared San Francisco Mental Health Plan contracts for a total of $3,309,409, to provide mental health services, for the period of July 1, 2001 through June 30, 2004.

Commissioners' Comments

- Commissioner Jackson asked if the agency would be able to meet all of the recommendations. Linda Wang said that the agency had some staff problems during last year. They have hired a new director and should be able to meet all the requirements. Ms. Wang said she will report back to the Budget Committee in three months.

(3.3) **PHP-Mental Health** – Request for approval of a contract modification with Calvin Y. Louie, CPA, in the amount of $301,411, to provide fiscal intermediary services for the Community Mental Health Services supplemental residential care facilities, for the period of July 1, 2001 through June 30, 2002, for a total contract value of $4,560,254.

(3.4) **PHP-Mental Health** – Request for approval of a retroactive contract modification to a four-year contract with Community Vocational Enterprises, Inc., in the amount of $160,040 for the period of July 1, 2001 through June 30, 2002, to provide vocational support services for mentally ill consumers, for a total contract value of $4,171,676, for the period of July 1, 1998 through June 30, 2002.

Commissioners' Comments

- Commissioner Umekubo commended the agency for its excellent contract monitoring report.

(3.5) **CHN-SFGH & Health at Home** – Request for approval of a contract renewal with Toyon Associates, Inc., in the amount of $355,324, to provide reimbursement and revenue optimization services to San Francisco General Hospital and Health at Home Agency, for the period of April 1, 2002 through March 31, 2003.

(3.6) **PHP-STD Prevention & Control** – Request for approval of a new contract with Internet Sexuality Information Services, Inc., in the amount of $100,575, to provide syphilis elimination services, for the period of February 1, 2002 through December 31, 2002.

Commissioners' Comments

- Commissioner Monfredini said she had heard concerns about a woman overseeing a project that addresses the sexual habits of men. Although she does not agree with these concerns, she asked Deb Levine to respond. Ms. Levine said she has been a health educator for 10 years, teaches a course sex on the net and wrote a book about sex in cyberspace. Because the services will be provided on line, physical identity differences are leveled.

- Commissioner Umekubo is glad to see the Department doing outreach online.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Direct Access to Housing – Opening the Star Hotel
Dr. Katz announced that Housing and Urban Health will open the Star Hotel, a Single Room Occupancy (SRO) located at 2176 Mission Street, by the end of April 2002. The Star will represent the 5th Direct Access to Housing building to come on line. The Commission may remember the Star Hotel experienced a devastating fire displacing all tenants Fall of 2000. Subsequently the Health Department worked with the owner and master leased the site and has partnered with Baker Places and John Stewart Company to provide on-site services and property management. The building has undergone a complete renovation and will provide safe and healthy housing to 54 chronically homeless persons.

Proposed Expansion Plan for 1000 Additional Housing Units
Supervisor Ammiano introduced a resolution in February directing the Department of Public Health and the Department of Human Services to submit to the Board a plan to expand the two department's master lease program. The resolution calls for the expansion of DPH's Direct Access to Housing Program by 500 beds and DHS's SRO Master Lease Program 500 additional units in the by March 31, 2002. Staff is working on this proposal which will include projected costs and timeline for implementation.

Medical Care at All Needle Exchange Sites
The Department now provides medical care at all fourteen Needle Exchange sites in San Francisco. The intention is to use the sites as a means of educating engage injection drug users to treat urgent medical problems including soft tissue infections, teach HIV/HCV and abscess prevention techniques and to refer to ongoing primary care and drug treatment.

Supplemental Appropriation Request
As reported at the last Health Commission meeting, the San Francisco CARE allocation for HIV services was reduced by $2.2 million, beginning March 1, 2002. Supervisors Daly and Ammiano have sponsored a supplemental appropriation request to backfill CARE service reductions that would result from this recent reduction to the CARE funding allocation. The supplemental would allocate new General Funds for the four months remaining in this fiscal year, and allow time for the Mayor and the Board of Supervisors to consider the continuation of funding for HIV services during the budget deliberations. The CARE council met last week to consider the cuts in services that would be necessary to absorb this funding shortfall. The Council voted to make reductions of approximately 6.5% to most of the existing agencies receiving CARE funds. If the supplemental appropriation is approved by the Board of Supervisors and signed by the Mayor, these cuts would

be averted for this fiscal year. Dr. Katz will keep the Commission informed on the outcome of this proposal over the coming weeks.

Compliance Officer Acting Assignment

Dr. Katz reported that Kathy Murphy, the deputy city attorney assigned to the Community Health Network, has agreed to accept an acting Compliance Officer assignment while the Department recruits for a new Compliance Officer. Kathy is very knowledgeable about the Health requirements regarding compliance, and has also been working on key committees that are implementing the HIPAA requirements. This acting assignment is expected to last approximately three months.

FEBRUARY 2002
(from 02/11/02 MEC and 02/12/02 JCC)

	02/02	2002 YTD
New Appointments	15	27
Reinstatements	0	0
Reappointments	27	80
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	13	43
Disciplinary Actions	0	0
Restriction/Limitation- Privileges	0	0
Applications Withdrawn	1	1
Changes in Privileges		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	4	7
Current Statistics – as of 02/7/02		
Active Staff		364
Courtesy Staff		492
Referring Staff		45
Affiliate Professionals (NP, CNM, CRNA, PA etc)		121
Total Members		1,022
Applications In Process		83

Dr. Katz also introduced Dee Epps-Miller, the new director of the Southeast Health Center.

Public Comment

Kevyn Lutton, Bayview Hunters Point Community First Coalition, asked for the release of the Emergency Room records from the six months before six months after the Fall 2000 Hunters Point Shipyard fire. The community needs this information to continue the health study of the emissions from the fire. The people who went to the ER need to be reimbursed. The information can be sent to Professor Ray Tompkins via Karen Pierce.

Commissioners' Comments

- Commissioner Parker congratulated the Department for providing medical care at the 14 needle exchange sites. This is in keeping with the philosophy that we take services where the patients are.

- Commissioner Guy asked Dr. Katz if he was aware of the request for reports requested by the public speaker. Dr. Katz said that he received the request yesterday, and it is on his radar screen. The number of visits is publicly available, and he will have Dr. Bhatia work with the requester. However individual medical records are confidential and cannot be released to anyone but the individual.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MARCH

Commissioner Monfredini, on behalf of Commissioner Jackson, presented the Employee Recognition Awards.

Team	Division	Nominated by:
Health at Home Palliative Care Team Ileana Burleson Maria Calles Estrelita Calonsaq Norma del Rio Barouk Golden Ming Gen Hu Leonista Kafi Gaylen Newquist Leslie Payton Ellen Quain Susan Reynolds Daniel Rybold	CHN Health at Home	Mary McCutcheon
Primary Care Interim Leadership Madeline Daley, RN Gay Kaplan, RN, NP Sheila Kerr, RN Lawrence Marsco, RN Marcellina Ogbu, Dr.P.H.	Community Programs	Patricia Pérez-Arce, David Ofman, Phyllis Harding, Maureen O'Neill

6) ANNUAL PRIMARY CARE REPORT

Patricia Pérez-Arce, Ph.D., Primary Care Director, and David Ofman, M.D., presented the Primary Care Report.

The guiding philosophy of the primary care division is to provide community oriented health care. In 2000 the Health Commission asked Primary Care to undertake an internal assessment. The assessment two vulnerable populations: people with barriers to effective medical care; and high-risk, complex patients. The recommendation was that Primary Care attempt to serve both categories of patients and prioritize "high risk, complex" patients for certain services, and better integrate primary care and behavioral health services. This integration began with the reorganization of the Department last year.

Dr. Pérez-Arce acknowledged the Community Clinic Consortium. Their member clinics are partners with the Department and part of the safety net of providers. Ten programs fall under the consortium.

Dr. Pérez-Arce discussed Primary Care services in the context of the strategic plan.

Goal 1: Access to health services, emphasizing services to target populations
52 percent of Primary Care clients are female and 48 percent are male. 58 percent of the client population lives in the DPH targeted neighborhoods and 10 percent are homeless. The clients represent a variety of ethnicities and languages. Most clients are publicly insured or uninsured.

Dr. Ofman said that one of the articulated goals of both Primary Care and the CHN strategic planning effort is linking primary care users to a provider or clinic. Of the 73,000 patients who visited a primary care clinic in FY2000-2001, just under half had a primary care provider linkage in the LCR (Lifetime Clinical Record). The number of patients assigned to a provider has increased almost 200 percent since the effort started in September 1998 to have the information system reflect the linkage of providers to the patients seen.

Dr. Pérez-Arce discussed public health nurses, who provide at-home training to mothers and other caretakers, care management of patients with chronic and debilitating diseases and the first line response to disasters and disease outbreaks. Staff is currently engaged in discussions about the changing role of public health nurses.

Total visits to all providers decreased 2 percent between 99-00 and 00-01. Visits to primary care providers, however, increased.

Goal 2: Disease and Injury are Prevented
Dr. Ofman and Dr. Pérez-Arce discussed quality improvement activities and prevention activities. After a concerted effort to unite the quality assurance activities of the primary care clinics with the health centers on the SFGH campus, they have developed primary care-wide quality improvement activities. The effort to improve women's cancer screening was sited as an example.

Goal 3: Cost-Efficient Services and Maximizing Resources
During FY 00-01, Primary Care moved into a prospective payment schedule, which significantly increased the per-visit reimbursement rate and increased total revenues by $1.8 million. A number of programs that enhance cost-effectiveness were highlighted including the Diabetes Monitoring Program, a joint project between information systems and Primary Care. Other programs are the Asthma Clinic/Yes We Can Partnership and Nurse Orientation /Screening Clinics, which are designed to reduce no-show rates by having the person first have an orientation into the system with a nurse.

Capital improvements currently under design will allow Primary Care to utilize existing facilities more efficiently.

Goal 4: Partnerships with communities are created and sustained
Behavioral Health Partnerships

- Pychosocial Medicine at Maxine Hall - UCSF
- California Endowment Grant: Mental Health Services in Primary Care Settings - CMHS
- Primary Care Substance Use Services – UCSF
- Community Mental Health Consultation Liaison Services – CMHS

- Office Based Opiate Addition Treatment – CSAS and SFGH
- Methadone Van - CSAS

Youth Services Partnerships
- Hip-Hop to Health Clinic Expansion
- Dimensions Clinic
- Laser Tatoo Removal Program
- SFUSD Wellness Center

Other Partnerships
- Smoking Cessation
- NICOS Disaster Preparation Committee
- Community Domestic Violence Project

Partnership with UCSF
- Teaching in Primary Care clinics for interns and residents, medical students, nurse practitioner students, nursing students, pharmacy residents and others.
- Resident Training in Primary Care clinics

Challenges

Access Challenges
  - Access to Primary Care for unaffiliated clients; increase capacity to be able to link unaffiliated clients to care.
  - Clinic Productivity – right now providers are providing services at capacity, but this can be improved with facility improvements; the ability to do case management of patients and disease management teams, and looking at enhanced systems of access to appointments to allow for more same-day appointments.
  - Balance the needs of vulnerable patients with the needs of high-risk, complex patients, who require much more intensive, integrated services.

Quality of Chare Challenges
  - Chronic disease management programs, which are enhanced systems of care for either specific conditions or specific populations. They are shown to be successful, but also quite costly.
  - Information systems are a critical quality of care issue. Efficiency efforts, quality improvement efforts and integration efforts all depend on the information system. The Lifetime Clinical Record and the CHN network have allowed Primary Care to improve care.

Cost Effectiveness Challenges
  - Integration of primary care and behavioral health services
  - Reducing preventable emergency and institutional care

Dr. Pérez-Arce thanked Dr. Ofman for his dedication to primary care through the leadership transition. She introduced her team of health center directors who were at the meeting, including Gay Kaplan, Marian Pena, Michael Jody, Madeline Ritchie, Marcellina Ogbu, Michael Pyle, Dee Epps-Miller and Lawrence Marsco.

Commissioners' Comments

- Commissioner Guy stated that the reorganization seems to have been appropriate, and acknowledged Dr. Ofman for his tireless work during the leadership transition. She wants to the progress to continue but is worried that the general fund plays such a large role in funding these services. The change in the reimbursement rate made a big difference, but the Federal government needs to chip in further.

- Commissioner Parker asked how large a role primary care plays in prevention and referral of HIV and AIDS patients. Dr. Ofman said that the primary care clinics see large numbers of HIV infected individuals and do a combination of medical care and prevention efforts. Commissioner Parker supports the development of group education programs. Not only cost-effective, but also people benefit from peers sharing same circumstances.

- Commissioner Sanchez congratulated staff for a comprehensive report. He shared some observations from a conference that he attended last week where there was discussion about the issue of basic research versus primary care. Many of the issues were the same as those presented in today's report.

- Commissioner Umekubo said the importance of primary care as the foundation to our system cannot be over-emphasized. He asked how often the Primary Care QI committee meets. Dr. Ofman replied that the committee meets monthly, and he co-chairs it along with the director of nursing. Commissioner Umekubo commented that health education is very difficult, and asked if they use a group education setting. Dr. Pérez-Arce responded that the group model is not being utilized that much. Dr. Ofman added that there are a few group formats, but most health education is done one-on-one. They have received positive responses from a group prenatal care program, and would like to do more. The primary barrier to group sessions is that they have not figured out how to do the billing. Dr. Umekubo asked how continuity of care is assured when CHN patients get referred to providers outside of the network. Dr. Ofman replied that private hospitals make a good effort, but difficult to do sometimes. Dr. Pérez-Arce added that the consortium clinics will have access to the Lifetime Clinical Record so will be better to able to track CHN patients.

- Commissioner Chow said that continuity of care is a challenge for both sides, and emphasized the critical need to continue the relationship with the consortium clinics. Commissioner Chow would like the CHN Joint Conference Committee to continue to discuss efforts to better improve continuity of care. Much has been done since the Health Commission adopted the resolution in 1989 to provide primary care services at the clinic. The LCR is a model for many places. One of the continued challenges is learning how to apply disease management principles to a public sector program. It would be good to develop a series of guidelines and protocols that extend across the CHN, and not just to individuals.

- Commissioner Jackson noted that people can learn a great deal in group settings.

7) HEALTH AT HOME UPDATE

Kathy Eng, Director, Health at Home, presented the Health at Home Update.

There are two components of Health at Home: Licensed Home Health Services, focusing on acute, skilled, intermittent care or clients; and Continuing Care services for clients who are discharged from the home health service and need additional care for a time-limited period to prevent deterioration and admission into a higher level of care. Client s1ervices are provided 365 days a year.

The mission of Health at Home is to provide high quality, compassionate home health care to CHN clients, and to maintain people safety in their home environments, avoiding more costly levels of institutional care and supporting independence and quality of life. In Fiscal Year 2000-2001, Health at

Home served 715 unduplicated clients, with 17,925 visits. There are 49 FTE and the average patient census is 200.

Ms. Eng discussed how the work of Health at Home aligns to the DPH Strategic Plan.

Goal 1 – Access to Services
Patients served by Health at Home live throughout San Francisco and mirror the population seen as SFGH. 70% of clients reside in the Tenderloin, Excelsior/OMI/Visitacion Valley, Potrero Hill/Bayview Hunters Point and the Mission. Nearly 50% of the clients are ethnic minorities. The average age of Health and Home clients is 58, which is younger than the regional and national norm for other home care agencies, whose average age is 73. Over 50% of Health at Home staff speak languages other than English.

Goal 2 – Disease and Injury are Prevented
Ninety percent of the unduplicated clients served by Health at Home fall within ten top primary clinical diagnoses. The majority of referrals come from SFGH and the community clinics. The Health at Home team structure includes a Resource Group Leader and a multi-disciplinary team that focuses its case conferences and problem solving on targeted groups of clients. Health at Home has CARE-funded home care contracts for in-home respite, clients with HIV disease living in SROs and home infusion therapy. There are five Health at Home Service Delivery teams: Ortho-Neuro; Med-Surg; Palliative Care; HIV/AIDS; and Continuing Care

Ms. Eng also discussed the quality management activities undertaken by Health at Home, including a patient satisfaction survey, and provider satisfaction survey and quality management benchmark reports. Ms. Eng highlighted the Palliative Care team, pediatric services planning and HIV/AIDS services. With regard to pediatric services, there has been a slight bit of a delay in terms of working on resources to move forward. The Palliative Care Program serves clients who either may not qualify for hospice or choose not to go to hospice, but rather die at home. In 2000-2001, there were 2844 visits to 300 clients. In HIV/AIDS services, 25 percent of all Health at Home clients has HIV disease. Last fiscal year there were 3,100 visits. Most of the clients also have mental health or substance abuse problems that prevent the individuals from managing their disease. Health at Home staff work to stabilize the person.

Goal 3 – Services are Cost-Efficient and Resources are Maximized
Health at Home recently moved into a prospective payment system. This necessitated a reorganized delivery system and increased clinical oversight and review as a result of increased regulations and documentation. Ms. Eng said that a lot of emphasis is placed on staff safety, and they have an escort service, educational sessions, communication about particular clients, support groups and case conferences.

Goal 4 – Partnerships with Communities
Health at Home has a number of partnerships:

CHN Linkages
Clinical rounds at SFGH
Positive Health Program
Medical High Utilizers Program
Laguna Honda Hospital – Case conferences to transition clients from institution to community

Collaboration with Community Providers

- SF Adult Day Health Network
- AIDS Health Project
- Tenderloin AIDS Resource Center
- Tenderloin Care
- Continuum
- UCSF Home Care Program

Challenges and Opportunities
- Bridge the gap in care for DPH clients in the home setting
    - Link case management and other long term care resources, such as public health nurses.
    - Identify MD oversight for home care patients needing primary care
    - Lab Services for homebound patients. Most of the time, reimbursement is not provided for lab services, and need to examine if SFGH lab services can be applied to health at home.
- Space – A necessary resource for expansion

Dr. Katz added his support for the agency.

Commissioners' Comments
- Commissioner Jackson asked what percentage of clients lives alone, and how long is the average visit. Diane Jones, Coordinator of Home Care Services, stated that the CARE contract funds direct patient care, rather than respite care, which is an indication of people living alone. She will get the actual percentage to the Commission. The standard visit is two hours, but this includes travel time and paperwork. An admission takes approximately four hours.

- Commissioner Chow asked if the OASIS data could be further divided to reflect the different patient profile in San Francisco as compared to state and national averages. Commissioner Chow is trying to understand what impact San Francisco's different client population has on our quality outcomes. The outcomes would seem to indicate that we are not doing well in some areas. Our population is so different from the national average; the average age is younger and there is a higher portion of AIDS clients. Pam Bohman said that CMS is going to develop risk-adjusted reports to take into account high-risk population and things such as substance abuse and living alone. Commissioner Chow would like a follow up report at the CHN Joint Conference Committee on the quality indicators, and further discussion about why San Francisco's adverse events are higher than the national average.

- Commissioner Umekubo asked how long it takes to do one OASIS assessment. Staff responded that it takes 3-4 hours. The assessment has to be done at the start of care, and a reassessment has to be done every 60 days. Commissioner Umekubo asked the difference between palliative care and hospice care. Dr. Rybold said the essential difference is the regulations that govern the provision of hospice care. Dr. Katz added that hospice is a specific Medicare and Medicaid benefit, so there is some additional reimbursement, but many regulations. Also, hospice does not work well for some of our patient population. The same end results are achieved. Commissioner Umekubo asked who signs the care plan. Dr. Rybold responded that sometimes the attending physician signs, but there are times when the attending does not feel comfortable signing off on a plan if the patient does not have a primary care clinic. Most patients are followed by a primary care provider.

- Commissioner Parker is impressed by the number of volunteers they have in the program.

- Commissioner Guy said that this presentation was presented at the CHN Joint Conference Committee, and everyone is ecstatic that this program exists. There are some questions that the Health Commission needs to understand better, and there needs to be discourse at the joint conference committee level, particularly about public health nurses, quality assurance and space issues.

8) MEDICAL STAFF BYLAWS

Renee Navarro, M.D., Chief of Medical Staff, SFGH, presented the proposed amendments to the Medical Staff Bylaws, Rules and Regulations, Corrective Action and Hearing Manual, Credentialing Procedure Manual and Committee Manual. Dr. Navarro said that the Medical Staff Bylaws Committee met regularly over the past year to review and update the bylaws. Dr. Navarro said that the bylaws committee obtained a copy of the evaluation tool used by the California Medical Association and used this to make the needed changes to the bylaws. The JCAHO mock surveyors reviewed the document and did not find any serious problems or oversights. Dr. Navarro said that that recommended changes reflect new areas of focus or verbiage by the CMA and suggestions from the mock surveyors. The most significant policy changes for the medical staff has been the change from Quality and Utilization Management to Performance Improvement and Patient Safety.

Commissioners' Comments

- Commissioner Monfredini, chair of the San Francisco General Hospital Joint Conference Committee, asked if the reporting structure to the governing body has been addressed. Dr. Navarro said yes; the Chief of Staff is responsible for reporting the activities of the Joint Conference Committee to the medical staff and the Director of Health is responsible for reporting to the Governing Body.

- Commissioner Umekubo said that he reviewed and asked questions of these amendments at the San Francisco General Hospital Joint Conference Committee and recommends approval of the amendments.

Action Taken: The Commission approved the Medical Staff Bylaws, including the Rules and Regulations, Corrective Action and Hearing Manual, Credentialing Procedure Manual and Committee Manual

9) PUBLIC COMMENTS

None.

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 6:05 p.m. Present in closed session were the Health Commissioners, except for Commissioner Sanchez who was excused due to a conflict of interest, Deputy City Attorney Joe Sandoval, Alison Moed, Gene O'Connell, Mitch Katz and Michele Olson. Commissioner Monfredini left at 6:10 p.m.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $500,000, Rosa Corrales v. Regents of the University of California et al, San Francisco Superior Court Case No. 315-584

D) Reconvene in Open Session

The Committee reconvened in open session at 6:20 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) approved the settlement.

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) voted not to disclose discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 6:20 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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9/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

MAR 1 4 2002

SAN FRANCISCO
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Tuesday, March 19, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MARCH 5, 2002**
**Minutes of March 5, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

3.1) **PHP-Housing** – Request for approval of a new retroactive sole source contract with Chinatown Community Development Center, the lead agency and fiscal agent for the Families in SROs Collaborative, in the amount of $100,000, for the period of March 1, 2002 through June 30, 2002.
** Calendaring request memo*

3.2) **PHP-TB Control** – Request for approval of a two-year sole source contract renewal with the Regents of the University of California in the amount of $3,561,410, to provide Model Tuberculosis Prevention and Control Center services to local and national TB health care providers, professionals and fundraisers, for the period of January 1, 2002 through December 31, 2003
** Calendaring request memo, Monitoring report summary*

3.3) **PHP-STD Prevention & Control** – Request for approval of a new retroactive contract with Providence Health Foundation in the amount of $110,000, to provide STD prevention outreach services in the Bayview Hunters Point community targeting African American youth, for the period of March 1, 2002 through June 30, 2002.
** Calendaring request memo*

3.4) **CHN-SFGH/Pharmacy** – Request for approval of a contract renewal with Pharmaceutical Care Network, in the amount of $9,240,000, for pharmacy benefits management services targeting CHN indigent clients, for the period of April 1, 2002 through March 31, 2003.
** Calendaring request memo, Utilization summary page, Monitoring report summary*

3.5) **PHP-Mental Health** – Request for approval of a contract renewal with MedImpact, in the amount of $2,400,000, to provide pharmacy benefits management services targeting Community Mental Health Services indigent clients, for the period of July 1, 2002 through March 31, 2003.
** Calendaring request memo, Monitoring report summary, Client Issue tracking form, MedImpact Policies and Procedures, Credentialing checklist, Pharmacy credentialing verification form, Pharmacy insurance policy information form*

3.6) **PHP-Family Mosaic** - Request for approval of two new retroactive contracts and modifications to five current contracts for the Family Mosaic Project for a total amount of $351,107, to provide various wrap-around services through the following seven (7) agencies, targeting seriously emotionally disturbed children, for the period of December 1, 2001 through June 30, 2002.

Contractor	**Prior FY 01-02 Approved Amount**	**Proposed FY 01-02 Amount**	**Difference**
High Gear Achievers, Inc.	$11,000	$33,000	$22,000
RISE Institute	$165,000	$198,088	$33,088
Jamestown Learning Center (JLC)	$165,000	$145,000	($20,000)
Catholic Youth Organization - Saint Vincent's School for Boys	$30,600	$83,616	$53,016
Victor Treatment Centers	$354,557	$530,000	$175,443
FamiliesFirst	N/A	$62,560	$62,560
OTTP/SSG	N/A	$25,000	$25,000

**Calendaring request memo, Lists of Boards of Directors*

3.7) **PHP-AIDS Office** - Request for approval of the FY 2002-2003 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I, Title II and General Fund contracts for a combined total of $34,624,350 for the period of March 1, 2002 through February 28, 2003 for Title I funds, April 1, 2002 through March 31, 2003 for Title II funds and July 1, 2002 through June 30, 2003 for General Fund programs with the following agencies:

AIDS Community Research Consortium		$83,331
AIDS Emergency Fund		$625,583
AIDS Legal Referral Panel		$189,785
American College of Traditional Chinese Medicine		$261,444
Ark of Refuge		$89,345
Asian Pacific Islander Wellness Center		$429,114
Baker Places		$167,164
Bar Association of San Francisco		$73,541
Catholic Charities		$142,403
California AIDS Intervention Training Center		$139,736
Community Awareness & Treatment Services, Inc.		$533,836
Continuum HIV Day Services		$772,782
Dolores Street Community Services		$174,033
Family Service Agency of San Francisco		$171,549
Family Support Services of the Bay Area		$262,493
Glide Foundation		$109,957
Haight Ashbury Free Medical Clinics, Inc.		$949,678
Immune Enhancement Project		$211,239
Instituto Familiar de la Raza		$345,294
Iris Center		$141,664
Legal Services for Children		$167,997
Lutheran Social Services		$522,067
Lyon-Martin Women's Health Services		$322,737
Maitri AIDS Hospice		$927,317
Marin County		$1,265,178
Mission Neighborhood Health Center		$134,961
New Leaf		$190,609
Positive Resource Center		$513,768
Project Open Hand		$1,273,692
Quan Yin Healing Arts Center		$120,251
Saint Mary's Medical Center.		$569,685
San Francisco Community Clinic Consortium		$322,090
SFDPH CHN-Dental Services		$217,143
SFDPH CHN-Forensics Services		$317,389
SFDPH CHN-Health at Home		$444,755
SFDPH CHN-Primary Care		$2,566,083
SFDPH CHN-SFGH		$1,778,717
SFDPH CHN-SFGH-Positive Health Practice		$174,516
SFDPH CHN-Tom Waddell		$153,662
SFDPH PHP Mental Health Services		$272,217
SFDPH PHP Public Health Laboratory		$55,306
SFDPH PHP STD Services		$167,097
SFDPH PHP Substance Abuse Services		$236,107
SFDPH PHP Housing Services		$6,301,326
Ark of Refuge, Inc	$266,782	
Baker Places	$1,628,448	
Black Coalition on AIDS	$363,133	
Catholic Charities	$1,322,595	
Larkin Street Youth Center	$607,605	
Lutheran Social Services	$147,662	
San Francisco AIDS Foundation	$3223,848	
Walden House	$71,547	
San Francisco Food Bank		$91,058
San Francisco Suicide Prevention		$101,794

San Mateo County	$2,419,142
Shanti Project	$514,896
Tenderloin AIDS Resource Center	$556,231
UCSF/AIDS Health Project	$923,370
UCSF/Center on Deafness	$29,906
UCSF/Pediatric AIDS Program	$161,446
UCSF/School of Dentistry	$434,287
UCSF/Substance Abuse Services	$600,946
UCSF/ Women's Specialty Clinic	$209,663
University of the Pacific-School of Dentistry	$513,392
Urban Indian Health Board, Inc.	$48,300
Walden House	$1,605,462
Westside Community Mental Health Services	$192,522
	$34,624,350

** Calendaring request memo, List of providers/services, Lists of Boards of Directors*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **MIS/TECHNOLOGY UPDATE**
(Dave Counter, Director, Management Information Systems)
**Update*

6) **FOR DISCUSSION:** **ANNUAL PREVENTION UPDATE**
(Ginger Smyly, Acting Director, Community Health Promotion and Prevention)
**Update*

7) **FOR ACTION:** **AMMENDMENTS TO HEALTH COMMISSION RULES OF ORDER**
**Rules of Order*

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
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Commissioner

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9/02

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 19, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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PUBLIC LIBRARY

1) CALL TO ORDER

The Health Commission meeting was called to order to President Edward A. Chow, M.D. at 3:10 p.m.

Present:	President Edward A. Chow, M.D. Vice President Roma P. Guy, M.S.W. Commissioner Arthur M. Jackson Commissioner Harrison S. Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Lee Ann Monfredini

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MARCH 5, 2002

Commissioner Chow noted two corrections to the March 5, 2002 minutes:

Item 3, page 3, should be amended to read: "Action Taken: The Commission approved the Consent Calendar of the Budget Committee."

Item 4, page 4, should be amended to add "San Francisco General Hospital Credential Report" before the list of recommendations from SFGH MEC.

Action Taken: The Commission approved the minutes of the March 5, 2002 meeting with the amendments noted above.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired and Commissioner Umekubo attended the Budget Committee.

3.1) **PHP-Housing** – Request for approval of a new retroactive sole source contract with Chinatown Community Development Center, the lead agency and fiscal agent for the Families in SROs Collaborative, in the amount of $100,000, for the period of March 1, 2002 through June 30, 2002.

3.2) **PHP-TB Control** – Request for approval of a two-year sole source contract renewal with the Regents of the University of California in the amount of $3,561,410, to provide Model Tuberculosis Prevention and Control Center services to local and national TB health care providers, professionals and fundraisers, for the period of January 1, 2002 through December 31, 2003

Commissioner Sanchez abstained on this item.

3.3) **PHP-STD Prevention & Control** – Request for approval of a new retroactive contract with Providence Health Foundation in the amount of $110,000, to provide STD prevention outreach services in the Bayview Hunters Point community targeting African American youth, for the period of March 1, 2002 through June 30, 2002.

Commissioners' Comments

- Commissioner Jackson asked for a description of some of the agency's venue-based events. Jacqueline Siller, Population Health and Prevention, said that the agency holds basketball games and concerts, among other activities.
- Commissioner Umekubo asked if this funding is one-time. Ms. Siller replied that it is one-time funding for a feasibility funding to determine if it is possible to find and treat all youth in Bayview Hunters Point. If so, the Department will use this program as a model for other San Francisco neighborhoods.

3.4) **CHN-SFGH/Pharmacy** – Request for approval of a contract renewal with Pharmaceutical Care Network, in the amount of $9,240,000, for pharmacy benefits management services targeting CHN indigent clients, for the period of April 1, 2002 through March 31, 2003.

At the Budget Committee, Sharon Kotabe, Director, CHN Director of Pharmacy, presented both the Pharmaceutical Care Network contract and the MedImpact contract.

Budget Committee Public Comment

Clifford Wong, pharmacist from the private sector, said that the $9.24 million contract is underbudgeted. The Pharmacy Oversight Committee has not been able to get data from administration. Based on numbers, $7 million for private pharmacies alone. He does not understand how the $9.24 million is derived.

Faye Roe, Local 790, representing the workers in the SFHG pharmacy, said the Oversight Committee, which was formed last year, was supposed to provide input into the program. During that process, committee members asked for data, and they only recently received it. Local 790 has requested a meet and confer. They would like the Commission to give a three-month contract with the provider to allow for time for a meet and confer to take place.

Budget Committee Commissioners' Comments

- Commissioner Umekubo asked if there is a significant problem with down time in the system. Sally Hinckle from PCN said that they have not had any down time, and they have backup systems in place. Commissioner Umekubo asked how well the help desk is utilized. Ms. Hinckle said the majority of the phone calls are from the pharmacies that have questions about the patients they are trying to serve. But members can call as well.

- Commissioner Jackson said that the contract has increased access at community pharmacies and at San Francisco General Hospital. He asked if 30-day prescription period is working. Ms. Kotabe said that this change has been in place only since February 1; to date she has not received any negative comments.

Item 3.4 was moved to the Health Commission meeting for full discussion.

3.5) **PHP-Mental Health** – Request for approval of a contract renewal with MedImpact, in the amount of $2,400,000, to provide pharmacy benefits management services targeting Community Mental Health Services indigent clients, for the period of July 1, 2002 through March 31, 2003.

3.6) **PHP-Family Mosaic** - Request for approval of two new retroactive contracts and modifications to five current contracts for the Family Mosaic Project for a total amount of $351,107, to provide various wrap-around services through the following seven (7) agencies, targeting seriously emotionally disturbed children, for the period of December 1, 2001 through June 30, 2002.

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Catholic Youth Organization - Saint Vincent's School for Boys	$30,600	$83,616	$53,016
Victor Treatment Centers	$354,557	$530,000	$175,443
FamiliesFirst	N/A	$62,560	$62,560
OTTP/SSG	N/A	$25,000	$25,000

3.7) **PHP-AIDS Office -** Request for approval of the FY 2002-2003 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I, Title II and General Fund contracts for a combined total of $34,624,350 for the period of March 1, 2002 through February 28, 2003 for Title I funds, April 1, 2002 through March 31, 2003 for Title II funds and July 1, 2002 through June 30, 2003 for General Fund programs with the following agencies:

AIDS Community Research Consortium	$83,331
AIDS Emergency Fund	$625,583

AIDS Legal Referral Panel		$189,785
American College of Traditional Chinese Medicine		$261,444
Ark of Refuge		$89,345
Asian Pacific Islander Wellness Center		$429,114
Baker Places		$167,164
Bar Association of San Francisco		$73,541
Catholic Charities		$142,403
California AIDS Intervention Training Center		$139,736
Community Awareness & Treatment Services, Inc.		$533,836
Continuum HIV Day Services		$772,782
Dolores Street Community Services		$174,033
Family Service Agency of San Francisco		$171,549
Family Support Services of the Bay Area		$262,493
Glide Foundation		$109,957
Haight Ashbury Free Medical Clinics, Inc.		$949,678
Immune Enhancement Project		$211,239
Instituto Familiar de la Raza		$345,294
Iris Center		$141,664
Legal Services for Children		$167,997
Lutheran Social Services		$522,067
Lyon-Martin Women's Health Services		$322,737
Maitri AIDS Hospice		$927,317
Marin County		$1,265,178
Mission Neighborhood Health Center		$134,961
New Leaf		$190,609
Positive Resource Center		$513,768
Project Open Hand		$1,273,692
Quan Yin Healing Arts Center		$120,251
Saint Mary's Medical Center.		$569,685
San Francisco Community Clinic Consortium		$322,090
SFDPH CHN-Dental Services		$217,143
SFDPH CHN-Forensics Services		$317,389
SFDPH CHN-Health at Home		$444,755
SFDPH CHN-Primary Care		$2,566,083
SFDPH CHN-SFGH		$1,778,717
SFDPH CHN-SFGH-Positive Health Practice		$174,516
SFDPH CHN-Tom Waddell		$153,662
SFDPH PHP Mental Health Services		$272,217
SFDPH PHP Public Health Laboratory		$55,306
SFDPH PHP STD Services		$167,097
SFDPH PHP Substance Abuse Services		$236,107
SFDPH PHP Housing Services		$6,301,326
Ark of Refuge, Inc	$266,782	
Baker Places	$1,628,448	
Black Coalition on AIDS	$363,133	
Catholic Charities	$1,322,595	
Larkin Street Youth Center	$607,605	
Lutheran Social Services	$147,662	
San Francisco AIDS Foundation	$3223,848	
Walden House	$71,547	
San Francisco Food Bank		$91,058
San Francisco Suicide Prevention		$101,794
San Mateo County		$2,419,142
Shanti Project		$514,896
Tenderloin AIDS Resource Center		$556,231

UCSF/AIDS Health Project	$923,370
UCSF/Center on Deafness	$29,906
UCSF/Pediatric AIDS Program	$161,446
UCSF/School of Dentistry	$434,287
UCSF/Substance Abuse Services	$600,946
UCSF/ Women's Specialty Clinic	$209,663
University of the Pacific-School of Dentistry	$513,392
Urban Indian Health Board, Inc.	$48,300
Walden House	$1,605,462
Westside Community Mental Health Services	$192,522
	$34,624,350

Jimmy Loyce stated that these contract amounts reflect the reduction that the Department received from HRSA in its Ryan White CARE allocation. A member of the Board of Supervisors has introduced a $575,000 supplemental appropriation to backfill for part of the reduction, and a hearing on this supplemental appropriation will take place tomorrow. If the supplemental appropriation is approved, some contracts will be increased. This process will be based on the prioritization developed by the HIV Health Services Planning Council.

Commissioner Umekubo abstained on this item.

Action Taken: The Commission approved Items 3.1 through 3.7 of the Consent Calendar of the Budget Committee, with the exception of Item 3.4, and with Commissioner Sanchez abstaining from Item 3.2 and Commissioner Umekubo abstaining from Item 3.7.

Item 3.4 was discussed separately by the Commission

Public Speakers

Faye Roe, Local 790, said the Pharmacy Oversight Committee has requested information throughout the year, and has not received it. The committee also requested a meet and confer and they have not received that either. The union's position is to approve the contract for three months rather than one year to give the committee time to meet and confer and discuss its concerns with DPH.

Michael Lyon, Labor-Community delegate to the Pharmacy Oversight Committee, is opposed to a one-year unrestricted renewal of the contract because he feels it is terribly underfunded. More importantly, it would remove the impetus to go forward with a 340B pricing.

Commissioners' Comments

- Commissioner Jackson asked staff to respond to the issues raised by the public. Dr. Katz said that the contract with PCN came out of a compromise between the City and union to move forward with a pharmacy benefits contract and keep the SFGH pharmacy open. This has been done. With regard to the issue of 340B public health pricing, if the Department is able to find a way to get 340B pricing, this would not be precluded by the PCN contract. Dr. Katz does not recommend approving a 3-month contract. Staff will provide the Commission with any information at whatever interval it is requested. Dr. Katz added that the Commission retains the ability to end any contract with a 30-day notice. Commissioner Jackson said that access has improved and the program seems to be a win-win for everybody.

- Commissioner Chow said that the compromise made sense. The SFGH pharmacy remains a critical service to the SFGH patients. While the points raised are important, they do not warrant delaying with this contact which has improved access. Commissioner Chow asked staff to provide an update to the Community Health Network Joint Conference Committee in three to four months on the status of the 340B proposals, the discussion around having a combined PBM contract and the oversight committee.

- Commissioner Sanchez said he is pleased at the positive evaluation the contractor received. PCN has exceeded the contract requirements in many areas, including number of pharmacies and invoicing.

- Commissioner Umekubo commented that the program has been successful and he was pleased with the monitoring report.

- Commissioner Parker said that the PCN contract is not a panacea for all of the Department's pharmaceutical problems. However, the program does meet the four Strategic Plan goals: accessibility, cost-effectiveness, prevention and partnerships with the community. Commissioner Parker wants to move forward with this contract with the possibility of modifying it as we go along.

- Commissioner Guy said that if there are concerns that are not being taken care of in the oversight committee, there should be a meeting with Dr. Katz or the Commission to allow these concerns to be aired. That said, she supports moving forward with the contract.

Action Taken: The Commission, after separate discussion, approved Item 3.4 of the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

San Francisco General Hospital Medical Center's JCAHO Dates

The Joint Commission on the Accreditation of Healthcare Organizations will be surveying San Francisco General Hospital, the Mental Health Rehabilitation Facility, and Bridge to Wellness (Long-Term Care) from April 22nd to April 26th, a month earlier than originally anticipated. Preparation activities are on track including posting of public notices of the survey throughout the campus and in local newspapers.

Although JCAHO is only one month away, Gene O'Connell and her leadership feel confident that SFGHMC staff is on track for the survey. Over the past two weeks, staff throughout the hospital have showcased their Performance Improvement (PI) Poster Boards as part of a PI Poster Board contest. A team including Gene O'Connell, Renee Navarro, Hiroshi Tokubo, and Ken Jones rated each performance improvement board on a pre- determined set of criteria including content, creativity, relevance, clarity and visibility. The winners include:

- *6A Pediatric Pain Management with emphasis on sickle cell and trauma*
- *Sterile Processing and Distribution (SPD) Cost Saving and Waste Reduction*
- *3M Fine Needle Aspiration*
- *Dietary Cook-Chill Advance Meal Delivery System*

Honorable Mentions to:

- *5M and 6C Breast Feeding Support*
- *Environment of Care (EOC) Improving Employee knowledge of EOC, Health and Safety, Injury/Illness Prevention*

DOJ/OCR Site Visit to Laguna Honda
The Department of Justice and Office of Civil Rights is currently conducting a site visit at Laguna Honda. It is expected that they will conclude the investigation tomorrow. Dr. Katz will keep the Commission apprised of the results of the site visit.

UCSF Mammography Van at Primary Care Clinics
After much work and collaboration, the Mammovan has arrived at SFGHMC and is open for operations. The Mammovan is the results of continued collaboration between SFGH Radiology, DPH Patient Navigators and UCSF.

The Van is located in Parking Lot A and will operate at SFGH Monday - Friday 8am - 5pm. While based at SFGH, the Van will also be providing services to the community-based Health Center patients in addition to providing services to the patients on the SFGH waiting list. Once the SFGH backlog is cleared, the Van will begin making routine visits to various Health Centers.

LHH Resident's Celebrate St. Patrick's Day
The San Francisco United Irish Society hosted the 35th Annual St. Patrick's Day celebration at Laguna Honda on Sunday, March 10th for 250 residents in Simon Auditorium. Over 300 volunteers and performers participated in hosting this traditional cultural event. A variety show of Irish dancers, musicians and singers entertained residents for 1 1/2 hours, and provided refreshments for all. The Department extends its gratitude to Mr. J.J. Whelan and the United Irish Society for organizing this wonderful event.

Appointment of Ann Stangby to the Hospital Bioterrorism Preparedness Planning Task Force
Ann Stangby, Emergency Response Coordinator for San Francisco General Hospital Medical Center has been appointed by the State of California Department of Health Services (DHS) and Emergency Medial Services Authority (EMSA) to serve on the Hospital Bioterrorism Preparedness Planning Task Force. The task force will focus on how the 2-year $10 million Bioterrorism Preparedness For Hospitals (BFOP) Grant should be allocated throughout California.

Increases in Early Syphilis Continue
An increase in cases of early syphilis is continuing in San Francisco. In the first two months of 2002, 55 early cases of syphilis have been reported; 39 of which are Primary and Secondary (P&S) cases. 83% (46/55) of these cases are among gay men. By comparison, in 2001, only 18 early cases were reported for the first two months of the year; 12 of which were P&S cases. 67% (12/18) of these cases were among gay men. Many men continue to report large numbers of anonymous partners met in anonymous sex venues such as sex clubs, adult bookstores, on the Internet, in parks and in bathhouses.

Community Health Network
San Francisco General Hospital
MARCH 2002
Health Commission - Director of Health Report
(from 03/11/02 MEC and 03/12/02 JCC)

	03/02	2002 YTD
New Appointments	18	44
Reinstatements	0	0
Reappointments	47	127
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired	15	58
Disciplinary Actions	0	0
Restriction/Limitation- Privileges	0	0
Changes in Privileges		
Additions	2	2
Voluntary Relinquishments	1	1
Proctorship Completed	0	7

Current Statistics – as of 03/1/02	
Active Staff	360
Affiliate Professionals (non-physicians)	121
Courtesy Staff	481
Referring Staff	47
Total Members	1,009
Applications In Process	72
Applications Withdrawn Month of February 2001	3
SFGH Reappointments in Process Through July 2002	160

Commissioners' Comments

- Commissioner Parker asked about the status of the helipad development. Dr. Katz replied that the Department received a trauma grant that includes funding for a feasibility study of a helipad at San Francisco General Hospital. The study would be completed in six months and results would be presented to the Commission. Commissioner Parker asked how well the mammography van is being publicized and if the van would travel throughout to other neighborhoods. Ms. O'Connell said it has been extensively publicized, and she was recently interviewed by Spanish language media. The mammogram van will stay at SFGH with referrals from primary care clinics throughout the city to take care of the current backlog. As soon as the backlog is cleared, the van will travel throughout the city. Commissioner Parker said that, with regard to the increase in syphilis, it appears that staff is doing everything they know how to do, but is not getting results. Dr. Katz said that the rate of infection might be worse without the current programs, but it is hard to feel success when numbers are increasing rapidly. He said that the best minds at national, state and local level are working on this, but everyone needs to keep thinking.

- Commissioner Sanchez commented that between the CDC, the Department of Public Health and UC Berkeley's School of Public Health, people should be able to identify different approaches to preventing new cases of syphilis. Dr. Katz said that they are currently doing real time syphilis screening at Steamworks in Berkeley.

- Commissioner Chow asked that this issue be followed through the Population Health and Prevention Joint Conference Committee, and that a report be presented to the committee in three months.

- Commissioner Guy said we need a campaign to deal with this epidemic, and the Health Commission needs to understand the nature of the epidemic. She said that outcomes of public education and behavior change are not apparent right away. This needs to be evaluated over time.

5) MIS/TECHNOLOGY UPDATE

Dave Counter, Director, Management Information Systems, presented the MIS/Technology Update.

DPH IT supports over 350 sites throughout San Francisco. IT provides network and computing infrastructure, application systems and technical support services. The annual budget is $23 million including salaries, vendor contracts and operations support, including equipment. Each DPH division has an IT steering committee to identify and prioritize the needs of each division. On an annual basis the steering committees undertake a complete analysis of funding needs for the next year and present this to an IT Executive Oversight Committee.

DPH IT infrastructure has two key areas: network infrastructure and computing infrastructure. The network infrastructure utilizes state of the art technology to give high-speed data transmission backbone throughout the City and County of San Francisco. It also includes local area networks to connect the various segments of the Department to the central backbone. The computing infrastructure has three tiers: large computers that are not in San Francisco; computers in San Francisco; and about 5,000 personal computers and devices and printers.

The Application Systems are in three categories: clinical applications; financial applications and administrative applications.

- Clinical – Lifetime Clinical Record, clinical orders and results, progress notes, pharmacy, radiology, public health laboratory, OR/ICU-CCU/Pediatrics, AIDS/Reggie, Medical Records, Dietary, Quality Management.

- Financial – Patient accounting, patient registration, managed care, cost accounting, city financial systems, materials management, patient eligibility, environmental health, Health at Home.

- Administrative – Master patient index, resource scheduling, payroll/labor distribution, e-mail, contracts management, Vital Statistics/GIS, and nurse staff scheduling and others.

DPH IT provides a variety of support services including operations support, disaster recovery/business continuity, vendor contract management and training/project management.

Mr. Counter gave an overview of some of the current key projects

- Upgrading the network infrastructures at SFGH, primary care clinics and Laguna Honda Hospital
- Evaluating wireless technology and prototyping
- Implementing Physician order entry at SFGH
- Automating the ER Functions at SFGH
- Voice Recognition technology is being used for the SFGH Radiology Department
- Beginning the implementation of a swipe card registration system so patient can present his/her card and have immediate recognition

Future Plans, Challenges and Opportunities

- Regulatory Compliance, including HIPAA Transaction Codes, privacy and security, JCAHO data requirements and HCFA reimbursement changes.
- Infrastructure Development- including expanding network and computing capacity, pursuing wireless technology, which will have a major impact on the department, expanding Internet deployment and the use of biometrics for security purposes.
- Applications Development – digitized radiology, integrated clinical and financial data.
- Opportunities – The Siemans' contract is up in two years and the Department will prepare a Request for Proposal next year to put out to bid. Another opportunity is collaboration with UCSF. The Department has developed a strong collaboration with technology staff at UCSF, who are facing many of the same challenges. Another opportunity is converged technology, which is the convergence of data, medical devices, voice technology and facilities engineering technologies to produce "smart buildings". They are using this approach with the new Laguna Honda Hospital development.

Winona Mindolovich presented a demonstration of the Lifetime Clinical Record (LCR). The project to develop the LCR began in 1994, and it began receiving data in 1996. Currently there is an average of 8700 hits per day. The LCR has been designed primarily for primary care providers. However, they are developing and adding components to assist inpatient physicians. Some of the information the provider can view from the LCR includes patient demographics, appointments, visit history, clinical services and inpatient medication orders. Clinical alerts, progress notes, outpatient prescriptions, vital sights, immunizations and many other kinds of information can also be entered and viewed in the LCR. Ms. Mindolovich said that the laboratory is the most frequently used area, with Radiology being second.

Commissioners' Comments

- Commissioner Chow asked where the Lifetime Clinical Record is available. Ms. Mindolovich said that it is available at the Health Centers, the Jail, Laguna Honda Hospital and San Francisco General Hospital. Commissioner Chow asked if physicians are actually entering information into the system. Ms. Mindolovich said they were but without a mandate, she does not believe they will get full compliance. Commissioner Chow asked if the system was being developed as a project of the City and County or is it proprietary to Siemans. Ms. Mindolovich said that Siemans owns the product, but DPH has customized it.

- Commissioner Umekubo asked if other materials could be scanned into the LCR. Mr. Counter responded that it is not possible to scan outside materials, but can use other mechanisms, for example linking into other servers to get the data that way. Commissioner Umekubo asked if voice recognition currently utilized by Radiology would it be available to other clinicians to use for progress notes. Mr. Counter said that Radiology reports are very structured and there are very few errors using voice recognition software. Progress notes are not as structured as a radiological report and the technology is not quite as clean.

- Commissioner Parker asked what extent the community based organizations (CBOs) have access to or utilize technology. Mr. Counter said that many CBOs have minimal or no knowledge of technology and do not have the budget. The Department is trying to budget for and provide them with the technology they need. Technical assistance is costly and this will be a challenge. Commissioner Parker asked if the use swipe cards for registration would make any significant difference in terms of fraud. Mr. Counter thinks it will give a cleaner identification of the individual.

- Commissioner Guy asked if the 30% maintenance budget falls within the industry standard. Mr. Counter replied that in looking at comparable organizations the industry standards is 4%-5% of operating budget for IT. DPH hovers around 2.5%. Commissioner Guy asked what applications the wireless technology would have. Mr. Counter said that in 3-4 years approximately 40% of access to data systems will be wireless. In terms of how it would work in the DPH environment, Mr. Counter said that the Laguna Honda Hospital rebuild is being designed be fully wireless. Medical devices such as EKGs are also going to be wireless. Commissioner Guy asked if there are any gaps in the system. Mr. Counter said the biggest problem is the desktop, which can become obsolete in 12-18 months. Another major concern for the future is security, particularly cyberterrorism. Staff is working with firewall consultants, but in some ways, there is currently no good solution.

- Commissioner Chow asked what happens if the system shuts down. Mr. Counter said they have back up systems, data storage and downtime procedures. He said that when clinical services are dependent on information technology, system troubles can have a tremendous impact on health care operations. So they have always been careful with clinical systems to have downtime procedures well developed.

6) ANNUAL PREVENTION UPDATE

Barbara Garcia presented the Annual Prevention Update. There are two distinct parts to the report: an inventory of prevention services and the Firearm Injury Prevention Report.

Brian Katcher, Pharm. D., Community Health Promotion and Prevention presented the inventory of prevention services. He described the approaches to prevention. Primary prevention reduces the incidence of new cases. Some examples are exercise and tobacco avoidance. Secondary prevention detects the existence of problems early in their development and intervenes there. Examples include cholesterol screening and mammograms. Tertiary prevention alleviates the impact. Examples include angina drugs and bypass surgery.

Mr. Katcher described the methodology that was used for preparing the Prevention Inventory. Staff began with the CDC's *An Ounce of Prevention: What Are the Returns*, a pamphlet that identifies cost-effective strategies that address areas of major health impact and cost, and added to this list. The inventory is department-wide, and staff queried managers of various programs in a way that resulted in consistent data.

Mr. Katcher gave a sampling of programs that are part of the prevention inventory including immunizations, prenatal visits, nutrition education, tobacco control and lead ordinances, cancer and cholesterol screenings and smoking cessation classes.

Prevention Inventory: Inventory Highlights

- Wide array of prevention interventions taking place throughout the Department
- More than $24 million spent on prevention activities, 20 percent of which is primary prevention
- The programs have a great impact on CHN population and a great impact on community populations
- The inventory does not capture all DPH prevention, for example the activities of the Housing and Urban Health Division
- Identifies gaps, for example it is clear that the Department needs to address physical inactivity as a major health problem.
- Provides a context for Community Health Promotion and Prevention

Mr. Katcher described some of the Department's prevention programs. The Pedestrian, Bicycle and Traffic Safety program is a collaboration of 15 community-based agencies funded to do local pedestrian and bike safety projects that focus on the most vulnerable populations using multiple strategies. During the last year there has been a 50 percent reduction in pedestrian deaths. The Senior Falls Prevention Program has been a successful pilot program for 15 years. Firearm-related Injury Prevention Planning is another area, and Mr. Katcher introduced Carolyn Klassen, Community Health Promotion and Prevention, and Mary Vasser, Deputy Director of the UCSF Injury Center at SFGH, to present the San Francisco Firearm Injury Reporting System.

Ms. Vasser said that the project was a collective effort of several agencies including DPH, the UCSF Injury Center, the San Francisco Police Department, the Trauma and Emergency Department registries at SFGH and the Medical Examiner's Office.

Ms. Vasser said that the first major effort to begin to develop a firearm violence surveillance system began in 1999. San Francisco is one of the 11 pilot sites for the national effort, and is in the third year of a three-year project. The project is being coordinated by the Injury Center at the Harvard School of Public Health. The vision for the San Francisco Firearm Reporting System (SFFIRS) is to provide a framework for a public health approach to reducing violence in San Francisco. This begins with a better ability to define the problems, disseminating the information to policy makers, community organizations and other interested groups, then working together to generate changes in policies and to improve planning efforts that will lead to interventions. The data will also serve as the cornerstone for evaluating these efforts. Ms. Vasser emphasized that the data is just a starting point. Policy-level changes will be needed to make change happen.

Carolyn Klassen presented the data from the report. Well over half of all firearm deaths in San Francisco were from homicide, while national average is 38 percent. Overall San Francisco's rate is well below that of the State of California, and meets the objectives of Healthy People 2000. However, African Americans males living in San Francisco have a homicide rate that is 34 percent higher than the national African American homicide rate. Ms. Klassen demonstrated the scope of information that is available with SFFIRS that is not available with data usually collected (for example from a death certificate) by presenting two different scenarios. While death certificate captured basic demographics, SFFIRS can show criminal history, the location of the suspect's residence as compared to the incident location, relationship to the suspect, presence of drugs and alcohol and other data. With SFFIRS data, it is know known that in 1999:

- 70 percent of victims of homicides and assault had a criminal history before the date of the incident; of the known suspects, 74 percent also had criminal history

- Of the 96 surviving assault victims, 63 percent reoffended in San Francisco before 2001.
- 38 assault victims with criminal histories who were treated and released by the SFGH ED reoffended within the next calendar year.
- Victims with a criminal history were twice as likely to know the suspect who shot them as victims without criminal histories.
- 60 percent of victims with criminal histories tested positive for alcohol and drugs; 37 percent of victims without a criminal history tested positive for alcohol and drugs.
- 24 percent of homicide and assault victims were not residents of San Francisco; 27 percent of the known suspects also resided outside of the county.

Ms. Klassen said the next steps are:

- ➢ Meet with the Task Force to discuss data collection, policy, planning and research issues
- ➢ Translate the report findings to a format that will be useful for community-based practitioners and prevention efforts
- ➢ Expand data collection to include approximately 1000 cases of injuries and deaths due to all forms of violence, and will be collecting additional variables on referrals and recidivism reduction program.

Ms. Klassen concluded by saying that this linkage provides practitioners for the very first time with the foundation necessary to identify gaps and risk factors in the present system and provides the opportunity to develop intervention measures that will break the cycle of violence both in San Francisco and regionally.

Commissioners' Comments

- Commissioner Sanchez said that a few years ago the California Wellness Foundation funded various efforts to reduce violence, including the tattoo removal program, the RAP alternative high school for youth at risk and other programs. It was a multidisciplinary effort with the medical community, schools, non-profit groups and others joining the effort. He asked if there was any way to revisit and re-examine the data from these past programs to see what interventions continue to be successful. Ms. Vasser replied that some of these programs did not have funding for evaluation. She and others are in the process of meeting with all of the various groups and there is a lot of interest in this program. For example, she working with the Emergency Department at San Francisco General Hospital to see what interventions are available during the short window of time when the victims are in the emergency room.

- Commissioner Guy asked if there are communities where there is data on best practices policy interventions, so that we can relate this raw data to actual interventions or community building practices. This would help the Health Commission to make a connection related to policy. She asked if this falls within what the scope of the SFFIRS. Ms. Vasser said they are trying to link with the appropriate people through the task force to set up some feasible interventions or focus on certain segments of the population. Commissioner Guy said that the report clearly demonstrates that efforts cannot stay within the geographic or political boundaries of a city to address the problem. It is a regional issue and needs to have a regional approach. Ms. Vasser said that Ginger Smyly started a Bay Area Youth Violence Work Group to bring together different agencies and identify best practices. Ms. Klassen added that within the Department, Ms. Smyly is bringing together all the community leaders who work on violence prevention.

- Commissioner Jackson said that many interventions are to change behavior and asked where and what interventions are available prior to that behavior. Where are we intervening with very young people on alcohol and drugs? We are going to have to do something to break the cycle as opposed to trying to re-educate people. This is a critical part of prevention. Ms. Garcia said that the Department is developing a report that provides a summary of all of the programs that target youth. Commissioner Jackson said that we do not give youth enough opportunity to speak with mental health professionals.

- Commissioner Parker said that only two percent of the Department's budget is spent on prevention, so why are people surprised that we are not addressing the problem. We need to change our thinking before we expect things to change.

- Commissioner Chow said that this is good beginning to cataloging our prevention services, but where do we go from here and how to we expand our services. Dr. Katz said that we have to know where we are now, and until this report we have never looked at all of the prevention interventions that were done in the clinical setting. The question is how to increase prevention throughout DPH. When the 10% cuts were developed for the FY 2002-2003 budget, prevention cuts were not proposed. If there were more resources, the Department would fund more prevention. Without more funding, the Department needs to re-focus. Dr. Katz said he has been attempting focussing on community care and providing more integrated care.

7) AMMENDMENTS TO HEALTH COMMISSION RULES OF ORDER

Commissioner Chow summarized the proposed amendments to the Health Commission Rules of Order. He suggested that a change be made to page seven to state that a minimum of two members of the Health Commission serve on the Community Health Network Joint Conference Committee.

Action Taken: The Commission approved the amendments to the Health Commission Rules of Order with the change noted above.

8) PUBLIC COMMENTS

Patrick Monette Shaw said that the Bay Area Reporter reported that the CARE advisory body had met two to three times in the last few weeks, and he is researching to see if these meetings were appropriately noted. Also, Mr. Shaw has documents from DPH that indicate that the number of syphilis tests has remained flat, and the number of cases has decreased. Mr. Shaw is tired of hearing false information from the Department that rates are increasing.

9) ADJOURNMENT

The meeting was adjourned at 5:45 p.m.

Michele M. Olson

Michele M. Olson
Executive Secretary to the Health
Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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John I. Umekubo, M.D.
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Mitchell H. Katz, M.D.
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, April 2, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

See ↓

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MARCH 19, 2002** ✓

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

3.1) **CHN-SFGH** – Request for approval to enter into the IMPACT Program Hospital Services Agreement with the Regents of the University of California, UCLA Medical Center, in the amount of approximately $50,000 per year, to provide prostate cancer treatment to uninsured men diagnosed with prostate cancer but who do not qualify for MediCal or Medicare, beginning on April 1, 2002 and will automatically renew for successive one-year periods.
** Calendaring request memo, Contract Information Form*

3.2) **CHP-Primary Care** – Request for approval of a retroactive sole source contract renewal with North East Medical Services, in the amount of $218,354, to provide Breast and Cervical Cancer Control Program services to women, for the period of October 1, 2001 through *September 30, 2002.*
** Calendaring request memo, Client demographic information form, Monitoring report summary, Letter from North East Medical Services in response to monitoring report*

3.3) **PHP-AIDS Office** – Request for approval of a retroactive sole source contract renewal with Continuum HIV Day Services in the amount of $714,427, for the Homebase Program which provides transitional HIV support services to incarcerated individuals and the HOPE Study which assesses the effectiveness of the Homebase Program, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

4) **FOR DISCUSSION**: **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF EMPLOYEE RECOGNITION AWARDS FOR APRIL**

6) **FOR DISCUSSION** **PUBLIC HEALTH WEEK**
(Barbara Garcia, Deputy Director, Community Health Programs, Community Health Network)
**Report of Activities*

7) **FOR DISCUSSION** **OVERVIEW OF HEALTH STATUS**
(Brian Katcher, Pharm. D., Community Health Promotion and Prevention)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

/02

MINUTES

HEALTH COMMISSION MEETING

**Tuesday, April 2, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102**

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1) CALL TO ORDER

The Health Commission meeting was called to order by Vice President Roma P. Guy at 3:05 p.m.

Present:	Vice President Roma P. Guy, M.S.W. Commissioner Arthur M. Jackson Commissioner Harrison S. Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner John I. Umekubo, M.D.
Absent:	President Edward A. Chow, M.D. Commissioner Lee Ann Monfredini

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MARCH 19, 2002

Action Taken: The Commission approved the minutes of the March 19, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired, and Commissioner Umekubo attended, the Budget Committee meeting.

3.1) CHN-SFGH – Request for approval to enter into the IMPACT Program Hospital Services Agreement with the Regents of the University of California, UCLA Medical Center, in the amount of approximately $50,000 per year, to provide prostate cancer treatment to uninsured men diagnosed with prostate cancer but who do not qualify for MediCal or Medicare, beginning on April 1, 2002 and will automatically renew for successive one-year periods.

3.2) CHP-Primary Care – Request for approval of a retroactive sole source contract renewal with North East Medical Services, in the amount of $218,354, to provide Breast and Cervical Cancer Control Program services to women, for the period of October 1, 2001 through September 30, 2002.

3.3) PHP-AIDS Office – Request for approval of a retroactive sole source contract renewal with Continuum HIV Day Services, in the amount of $714,427, for the Homebase Program which provides transitional HIV support services to incarcerated individuals, and the HOPE Study which assesses the effectiveness of the Homebase Program, for the period of July 1, 2001 through June 30, 2002.

Action Taken: The Commission approved the Budget Committee consent calendar.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's report.

Tobacco Free Project

Youth advocates working through the Tobacco Free Project recently demonstrated the ease at which young persons can access tobacco via the Internet. The young people conducted a tobacco purchase survey of 19 Internet tobacco-retailer sites. All 19 sites sold and shipped tobacco to the youths without any ID or age verification. At a cyberspace cafe press conference on March 27, youth advocates announced their findings, provided an on-line demonstration and called for stronger laws that restrict tobacco on-line access. The event generated extensive local and regional press coverage.

STD Awareness Month

April is National STD Awareness Month. As part of STD Awareness Month, the STD Program will be collaborating with the Castroguys to implement their Spring Cleaning Program. Castroguys is a new and unique collaboration whose purpose is to promote the health and wellness of gay men in San Francisco. The Program is designed to encourage sexually active gay and bisexual men to get a STD test during the month of April. The Program also includes "community rewards", which are perks and premiums from businesses in the community for men who test in April.

Harm Reduction Month

DPH has declared April "Harm Reduction Month" and planned a series of events to increase knowledge and generate discussion on the subject. Harm reduction is a philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors. Harm reduction methods and treatment goals are free of judgement or blame and directly involve the client in setting their own goals.

The Department has long been an advocate for harm reduction and is currently implementing the resolution passed by the Commission last Fall, which will require certain DPH publicly funded programs to address how they will provide harm reduction treatment options. For more information on harm reduction and DPH related activities, please visit: www.dph.sf.ca.us/harmreduction

Commissioners' Comments

- Commissioner Umekubo asked what the ramifications are for Internet sites that sell tobacco to minors. Ginger Smyly said that the Federal Trade Commission regulates the sale of cigarettes over the Internet, and the next step will be to take legal action.

- Commissioner Jackson asked if the same problem exists for purchasing alcohol over the Internet. Ms. Smyly said that this has been a problem, but it came to light sooner than the issue of access to tobacco via the Internet, and more steps have been taken to prevent this from happening.

- Commissioner Guy said that the Harm Reduction update was presented to the Population Health and Prevention program and the program is really alive. The Department has taken a policy and created a good program. It is an important part of our public policy work.

5) PRESENTATION OF EMPLOYEE RECOGNITION AWARDS FOR APRIL

Commissioner Parker, on behalf of the Health Commission, presented the Employee Recognition Awards for April.

Awardees	Division	Nominated by
Shayne Johnston	Jail Health Services	Frank Patt
Cynthia Marshall, R.N.	Silver Avenue Family Health Center	Naomi Wortis, Annelise Goldberg, M.D., and Maureen O'Neil

6) PUBLIC HEALTH WEEK – APPROVAL OF A RESOLUTION

Ginger Smyly, Acting Director of Community Health Promotion and Prevention, presented a proposed resolution honoring Public Health Week, April 1 – 7, 2002. The theme for National Public Health Week is "Healthy People, Healthy Communities." This theme is strongly present in the Department's Strategic Plan. Ms. Smyly distributed a calendar of Public Health Week activities and noted that April is also Harm Reduction Month and Sexually Transmitted Disease Prevention Month.

Commissioners' Comments

- Commissioner Parker said that Public Health Departments throughout the nation are the core entities serving impoverished people and controlling infectious disease. Without public health departments and workers, the nation would be unhealthy.

- Commissioner Guy said that the next meeting will be held in the Mission District and this is another way to celebrate public health week/month. Commissioner Guy said that another theme is the focus on health disparities. This Health Commission is attempting to do this in various ways. This Commission and Department have focussed on community health and all of these efforts are something to celebrate.

- Commissioner Sanchez said that there are key national figures of color in health leadership positions that are very aware of inequities in health care and they may prove to be important assets. This gives us an opportunity to focus on the national inequities in health care.

> Action Taken: The Commission approved Resolution 4-02, titled "Honoring Public Health Week, April 1-7, 2002, " (Attachment A), with one technical amendment to change the number of States celebrating National Public Health Week from 21 to 46.

7) OVERVIEW OF HEALTH STATUS

Randy Reiter, Ph.D., presented the 2002 Overview of Health. The purpose of the report is threefold. First, it is to use evidence–based public health data to develop a "big picture" of the overall health of San Francisco's population. Second, it allows the Department to assess how it is doing with the two major national objectives for Health People 2010, which are to increase the length and quality of life and to eliminate disparities within the population. Third, it is to produce timely data for DPH planners and programs, the City and for the public.

The Overview is organized into three sections. "Who We Are" provides demographic view of the age and ethnic distribution of our population. "How We Live" presents information on conditions that are known to be major determinants of health in populations. "Our Health" covers major physical and mental health outcomes. Dr. Reiter summarized the demographic findings.

San Francisco versus California

- Ethnicity: San Francisco has fewer Whites and Hispanics, more Asians
- Age: San Francisco has fewer children, more adults and elderly
- Household language: 56% English, 24% Asian, 12% Spanish, 15% linguistically isolated
- Foreign-born: 2/5 coming to US over past three decades

San Francisco Households

- Less than half of the households are families
- Less than half of married couple families have children living with them
- One third of the population live in non-family households
- 127,000 single person households

Dr. Reiter also presented work and income statistics as well as information on poverty levels.

Dr. Reiter said that African Americans have by far the highest death rates for both males and females. In addition, they have the lowest life expectancy rate. Life expectancy has continued to increase, but the disparities still exist. San Francisco's overall death rate is 10% lower than California's.

Another indicator that the Department uses to measure the overall burden of disease and injury in a population is Disability Adjusted Life Years (DALYs), which are a combination of years lost to premature mortality and the number of years lived with a disabling condition. The measure emphasizes premature mortality. The data from 1998 shows that ischemic heart disease is the number one cause of premature deaths for males and females of every ethnicity. The top five causes of DALYS are drug poisoning, alcohol dependence, ischemic heart disease, HIV/AIDS and unipolar depression.

Next Steps

- There are still gaps in local data, including mental health, dental conditions, certain common diseases and risk factors, and they want to fill some data gaps with data from the California Health Inventory Survey, which should come in the next few months, and census data.
- Quantify size of burden and benefits of interventions on determinants to provide more evidence to inform policy.

Commissioners' Comments

- Commissioner Parker said that the overall health status of the Asian population is better than that of other populations. Has the Department been able to learn from this and apply to other groups? Dr. Reiter said that there are a number of possible explanations that need to be pursued to clearly identify the factors for the better health status. For example, immigrants from other countries are almost always healthier, but the longer they live in the United States, the less healthy they become. More systematic reviews are necessary. Commissioner Parker wants to be able to clearly identify the causes of inadequate health outcomes so that we can approach it systematically. Dr. Reiter said they would be developing attribution analysis that looks more deeply at the influence of various factors on the burden of health. Commissioner Parker said that behavior, for example drug use, has a tremendous impact on people's health, so the Department should be concentrating on behavior changes. Dr. Reiter said that behavioral factors like tobacco and physical inactivity, which are considered the two leading causes of death in the United States, clearly have a health impact. However, there are social determinants that make it harder for people to engage in healthy behavior, and these large scale social determinants need to be more clearly understood. Commissioner Parker said that the much of the health disparities are a reflection of America's social, economic and political system and the Department of Public Health cannot solve the problem alone.

- Commissioner Jackson said that it seems that there have been many more instances of inter-family violence. Mental health services need to be more directly targeted toward these kinds of situations. Jorge Partida, Director of Community Substance Abuse Services, said that many studies have shown people's overemphasis on work and not socialization. The demands on workers are increasing, and work becomes the families' priority. This also leads to little supervision of children. In addition, there are not a lot of opportunities for youth that give them a sense of belonging.

- Commissioner Sanchez said that people do not live near where they work to the extent that they did in the past, and therefore do not have as much time to invest in family and community. Programs such as the Boys and Girls Clubs play a critical role for a lot of these families and children. This is not just a San Francisco problem, and needs to be addressed regionally. San Francisco is losing families. The data in the report gives us the opportunity to think about the various factors and will allow us to develop an all-inclusive model.

- Commissioner Umekubo asked Dr. Reiter to address why San Francisco has a lower death rate than the rest of California. It seems to indicate that, as a city, we must be doing something differently than other cities in California. Dr. Reiter said that some of it is due to us having a larger proportion of Asians who have lower death rates. Also, a lot of people try to practice healthy behavior and we have good access to health care compared to many places. Dr. Reiter said that we will be in a better position to answer this question next year when once we have better information about health related practices.

- Commissioner Guy said that there is a tendency for the data to be problem identified, rather than wellness identified. The World Health Organization and other researchers are trying to do a paradigm shift to focus more on wellness. With regard to the impact of income on health, Dr. Bhatia did a study that showed that there is a well being associated with higher income. There are social conditions that create ill health and there are social conditions that promote well being. Also, San Francisco has a large number of runaway youth, which contributes to isolation and contributes to our overall health status. Commissioner Guy mentioned that this report was discussed at the Population Health and Prevention Joint Conference Committee and at that time there was a lot of discussion about gender. Men have higher morbidity and mortality than women, and we really need to examine why.

Public Comment

Elizabeth Frantes said it appears that the Commission has written off Healthy People 2000. San Francisco has never been a family friendly city. Single adults are completely ignored because of all the attention given to children.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) ADJOURNMENT

The meeting was adjourned at 4:45 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 4-02

HONORING PUBLIC HEALTH WEEK, APRIL 1 – 7, 2002

WHEREAS, this year the State of California celebrates 131 years of public health activities; and,

WHEREAS, public health services and programs are a high priority for the residents of California and the City and County of San Francisco; and,

WHEREAS, public health programs strive to address the underlying causes of ill health, reduce disease and injury, and promote the health of all people: and,

WHEREAS, the first week of April is celebrated as "National Public Health Week" in 46 States, including California; and,

WHEREAS, public health professionals and community partners who promote public health play important roles in providing for the health and welfare of our citizens, and their efforts are worthy of widespread praise and appreciated; now, therefore, be it,

RESOLVED, that the Health Commission recognizes the contributions and achievements of Public Health and Public Health professionals in addressing the issues of preventable disease, disability, and death in our community.

I hereby certify that the Health Commission at its meeting of April 2, 2002 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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/16/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
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John I. Umekubo, M.D.
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Executive Secretary

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Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

Tuesday, April 16, 2002
at
4:00 p. m.+
MISSION HIGH SCHOOL
3750 - 18th Street (at Dolores)
San Francisco, CA

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+PLEASE NOTE THE CHANGE IN TIME AND LOCATION

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE STREET. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF APRIL 2, 2002**

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **DPH-Contracts** – Request for approval of a resolution approving the extension of the terms of the FY 2001-02 contracts on a month-to-month basis from July 1, 2002 through December 31, 2002.
** Calendaring request memo, Extension resolution*

(3.2) PHP-Substance Abuse – Request for approval of a contract modification with SAGE Project, Inc., to provide substance abuse services, in the amount of $117,500 for the period of July 1, 2001 through June 30, 2002, for a total contract value of $1,915,940 for the period of July 1, 1998 through June 30, 2002.
** Calendaring request memo, Client demographic information form*

(3.3) **PHP-Mental Health** – Request for approval of a retroactive new contract with the Regents of the University of California in the amount of $213,276, to provide mental health services targeting clients in the male-to-female transgender community, for the period of October 1, 2001 through September 30, 2002.
** Calendaring request memo*

(3.4) **PHP-CHPP** – Request for approval of contract modification with San Francisco Study Center in the amount of $63,755, for an increased contract total of $568,484, to provide Health Environmental Resource Center support services regarding cancer and asthma among African Americans in the Bayview Hunters Point area, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.5) **PHP-AIDS Office** – Request for approval of a sole source contract renewal with WESTAT Inc., in the amount of $340,078, to implement the HIS/HITS telephone survey and evaluation services for the HIV Seroincidence Study, for the period of May 1, 2002 through December 31, 2002.
** Calendaring request memo, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **PRESENTATION OF DPH SERVICES IN THE MISSION**
(Jim Soos, Policy and Planning)

6) **PUBLIC TESTIMONY ON THE HEALTH NEEDS IN THE MISSION COMMUNITY**

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **ADJOURNMENT**

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lic Hearing

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President

Roma P. Guy, M.S.W.
Vice President

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Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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John I. Umekubo, M.D.
Commissioner

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NOTICE

SPECIAL PUBLIC HEARING

HEALTH COMMISSION

Tuesday, April 16, 2002
Time Specific: 4:00 p.m.
Mission High School Auditorium
3750 – 18th Street (at Dolores)
San Francisco, CA 94114

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The Health Commission will hear public testimony from the community on the health needs of the Mission community.

Persons unable to attend this public hearing may submit written comments to the Health Commission, c/o President Edward A. Chow, M.D., at 101 Grove Street, Room #311, San Francisco, CA 94102.

For information, call the Health Commission Office at 554-2666.

(Posted 4/01/02)

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/16/02

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President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 16, 2002
at
4:00 p.m.
MISSION HIGH SCHOOL
3750 - 18th Street (at Dolores)
San Francisco, CA

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1) CALL TO ORDER

The meeting was called to order by President Edward A. Chow, M.D., at 4:20 p.m.

Present: President Edward A. Chow, M.D.
Vice President Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison S. Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D. – Arrived at 4:35 p.m.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF APRIL 2, 2002

Action Taken: The Commission approved the minutes of the April 2, 2002 Health Commission Meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired and Commissioner Parker attended the Budget Committee meeting, which was held at 101 Grove Street, Room 300. Commissioner Umekubo and Commissioner Monfredini were absent.

(3.1) **DPH-Contracts** – Request for approval of a resolution approving the extension of the terms of the FY 2001-02 contracts on a month-to-month basis from July 1, 2002 through December 31, 2002.

(3.2) **PHP-Substance Abuse** – Request for approval of a contract modification with SAGE Project, Inc., to provide substance abuse services, in the amount of $117,500 for the period of July 1, 2001 through June 30, 2002, for a total contract value of $1,915,940 for the period of July 1, 1998 through June 30, 2002.

(3.3) **PHP-Mental Health** – Request for approval of a retroactive new contract with the Regents of the University of California in the amount of $213,276, to provide mental health services targeting clients in the male-to-female transgender community, for the period of October 1, 2001 through September 30, 2002.

(3.4) **PHP-CHPP** – Request for approval of contract modification with San Francisco Study Center in the amount of $63,755, for an increased contract total of $568,484, to provide Health Environmental Resource Center support services regarding cancer and asthma among African Americans in the Bayview Hunters Point area, for the period of July 1, 2001 through June 30, 2002.

(3.5) **PHP-AIDS Office** – Request for approval of a sole source contract renewal with WESTAT Inc., in the amount of $340,078, to implement the HIS/HITS telephone survey and evaluation services for the HIV Seroincidence Study, for the period of May 1, 2002 through December 31, 2002.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on Item 3.1 and Item 3.3.

4) DIRECTOR'S REPORT

Mitch Katz, M.D., Health Director, presented the Director's Report.

Day Laborers Project

Last year, the Department's Occupational and Environmental Health Section (OEHS) initiated a collaboration between the Labor Occupational Health Program, Cal-OSHA, Occupational Health Branch of the State Department of Health Services, Instituto Laboral de la Raza and the San Francisco Day Laborer Program to build a health and safety program for day laborers. Over the past 10 months, OEHS has conducted 12 training sessions each with over 50 participants, on subjects ranging from back injury prevention to accessing health services and benefits for an occupational injury. DPH also provided laborers with samples of personal protective equipment. The project conducted focus groups to determine how to better communicate health and safety messages to workers. In addition, the project worked to support the placement of more toilets near Cesar Chavez Street, and assisted Disease Control in getting the word out to the day laborers about the recent measles outbreak.

Programs Relocating to the Heart of the Mission

Mission Mental Health Services (outpatient clinic) and the Mission ACT program (one of three single point of responsibility programs) have just moved to their new offices at 2712 Mission Street. These programs serve about 1400 clients annually. Bilingual staff is available to provide treatment and case management services. The clinic uses a harm reduction approach to the dually diagnosed, providing assessment, acupuncture services and harm reduction groups. The newly renovated site is located at Mission and 23rd Streets.

Responding to the Continued Increase in Syphilis Cases

In March 2002 the STD Program sent letters to providers in the Brown and Toland Medical Group, as well as to Infectious Disease providers at Kaiser and all HIV providers in the City notifying them about the continued increase in syphilis and urging them to:

1) perform twice-annual syphilis screening of gay and bisexual men, and
2) test patients who present with rash-like illnesses for syphilis.

Letters were also sent to the owners and managers of the City's adults bookstores and sex clubs notifying them that new syphilis cases continue to report meeting partners at their establishments. The STD Program put them on notice that the Health Department expects them to take an active role in educating their clients about syphilis and supporting an environment conducive to safer sex. In response to this letter, several of the sex clubs have already developed posters, which are now being prominently displayed encouraging clients to be tested for syphilis.

Dorothy Washington

Dorothy Washington, a nurse at San Francisco General Hospital for 35 years passed away on Easter Sunday. Dorothy had served over the past 20 years on the night shift as hospital supervisor/ administrator on duty.

Upon her request, Dorothy spent her last week in the hospital's 5A Unit where she "returned home" to be among her colleagues and friends. She was a highly revered woman of tremendous dignity and a consummate professional who fought passionately for her beliefs. She stood out in her role as mentor to many individuals pursuing nursing careers at SFGH. Dorothy was active in the National Black Nurses Association and volunteered in fund raising for the Lung Association. Dorothy's will be sorely missed but we are deeply thankful she graced our lives.

Bosnian Community Resource Room Open House

The Bosnian Community Wellness Program (BCWP) is a collaborative between the Newcomers Health Program and International Institute of San Francisco, and is funded by the California Endowment. BCWP is holding an open house on May 16th from 4:00 to 6:00 p.m. at 657 Mission Street, 5th floor, Suite 500. A brief presentation will be held at 5:00 p.m. providing the opportunity to learn more about the program, meet staff, Bosnian community members and friends. For more information, please contact Patricia Erwin at 705-8552 or by email at patricia.erwin@sfdph.org.

CHN/SFGH Medical Staff Credentialing Report

April 2002
Health Commission-Director of Health Report
(From 04/08/02 MEC and 04/09/02 JCC)

	04/02	2002 YTD
New Appointments	16	60
Reinstatements	0	0
Reappointments	29	156
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	21	79

Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	0	2
Voluntary Relinquishments	2	3
Proctorship Completed	27	33
Current Statistics (as of 04/01/02)		
Active Staff		360
Affiliate Professionals (non-physicians)		126
Courtesy Staff		476
Referring Staff		40
Total Members:		**1,002**
Applications in Process		69
Applications Withdrawn – Month of March 2002	5	8
SFGH Reappointments in process through Sept. 2002	186	

Commissioners' Comments

- Commissioner Chow expressed his sympathy to the family of Dorothy Washington. The Commission has a certificate for the family, which will be sent to them.

5) PRESENTATION OF DPH SERVICES IN THE MISSION

Jim Soos, DPH Policy and Planning, presented an overview of the demographics of the Mission District as well as the health services in the district. The data was from the 94110 zip code, which encompasses about 70 percent of Supervisorial District 9. In 94110, males outnumber females by 4 percent, which is a slightly larger margin than in the City generally. There is a large percentage of Latinos, as well as families. The leading cause of years of life lost for men is HIV/AIDS and for women is ischemic heart disease.

There are two hospitals in the district—St. Luke's Hospital and San Francisco General Hospital. There are a number of DPH primary care sites in the Mission, as well as one private site, the Mission Neighborhood Health Center. Mr. Soos described the myriad HIV/AIDS services, mental health services, substance abuse services, homeless and housing services and maternal and child health services in the district. 29% of all 94110 residents use the Community Health Network (CHN). Conversely, 18% of all CHN patients reside in the Mission. Mr. Soos concluded by saying that DPH has a strong presence in the Mission through its own sites and through its contractors.

6) PUBLIC TESTIMONY ON THE HEALTH NEEDS IN THE MISSION COMMUNITY

Commissioner Chow welcomed the members of the Mission community, and conveyed the Commission's pleasure at being able to meet in their community. Commissioner Chow acknowledged the following individuals for their assistance in preparing for this meeting:

- Mission High School
- Gladys Sandlin, Mission Neighborhood Health Center
- Nora Rios Reddick, Horizons Unlimited
- Estella Garcia, Instituto Familiar de la Raza
- Leonard Chavez, Mission Council
- Carlos Romero, Mission Housing Development Corporation
- Laura Guzman, Mission Neighborhood Health Center
- Barbara Garcia, DPH
- Maria Cora, DPH
- Jorge Partida, DPH
- Willie Crawford, Carlos Rendon, Richard Bitanga, DPH
- Darryl Burton, DPH

Commissioner Chow asked Board of Supervisors' President Tom Ammiano to address the audience. President Ammiano said he was happy to be at Mission High School, and applauded the Health Commission for holding meetings in the districts. The Mission is an extremely diverse community. There are different cultural values, and the DPH service delivery system has to have a cultural overlay. Newcomer services are very important in the Mission. They need to feel safe. One thing he would love to work with DPH on is a partnership with the school district for school clinics in every school.

Commissioner Chow introduced Commissioner Sanchez. Commissioner Sanchez said it is an honor to be able to come to the Mission to listen to what people in the community are doing to try to address the many issues in the Mission. The Mission has a multitude of languages and cultures and the Commissioners are very cognizant that there has to be a shared dialogue on the health solutions. He acknowledged Rosario Anaya, who was the first Latina elected to the school board in San Francisco. He said that health is very important, and all of us need to participate in the dialogue.

Community Presentation/Public Comment

Estella Garcia, Instituto Familiar de la Raza, welcomed the Commission to the Mission. Under the leadership of Barbara Garcia, the community took this opportunity to give a broad perspective on health and mental health services, and have asked people to come forward with specific expertise. Ms. Garcia gave the Commission an introduction of all the speakers that would follow.

Beatrice Acosta, Mission Neighborhood Health Center, is 18 years old and has lived in the Mission her entire life. She has seen the neighborhood change in both positive and negative ways. It has become a more diverse community. She works for a program for youth run by youth that offers HIV and pregnancy prevention services. More resources are needed to address issues facing teens. There is more and more relationship violence. Nobody talks about issues around immigration of teens. Girls live with partners and babies in substandard housing and they will not complain because they fear being deported. The schools could do a better job mainstreaming teens into the schools. Many teen immigrants work rather than go to school. There need to be programs to motivate teens to go to school. More and more teens are abusing substances, and need more school programs to keep teens entertained so that they do not turn to drugs out of boredom. Also youth need a better relationship with police. Gangs still exist in the Mission. Everyday she sees younger and younger teens getting involved with gangs, and not just males.

Ana Estrada, was diagnosed with breast cancer in 1997. She was invited to attend a support group for women with breast cancer, but at the time she did not think she needed it. Ultimately she went to the support group where she met a "family" and realized that she was not alone. She was trained so she could offer support to women dying from cancer. The Latino community is particularly vulnerable when they are diagnosed with cancer. When a woman gets cancer, the whole family is affected. Children's performance at school becomes worse. She asked the Commission to please support the proposal from Carmen Ortiz for a cancer support center in the Mission.

Victoria Herrera said when she was diagnosed with cancer she was lucky to meet Dr. Carmen Ortiz in the breast cancer section at San Francisco General Hospital. Her support and help was great, and she was invited to attend a support group where she got much information, could talk with many women who were going through the same treatment she would soon face. She asked the Commission to do all possible to help Carmen Ortiz to develop her program for Latino women, men and their families of are going through this disease.

Carmen Ortiz said she was diagnosed with breast cancer fourteen years ago, and she still remembers the array of feelings she felt, the affects of chemotherapy. She had many advantages, though, a support group of family and friends, health insurance, and the ability to speak the language of medicine. Breast cancer is the most prevalent cancer among Latinas. Yet Latinas are less likely to get screening, and have the most fatalistic attitude about cancer. Long medical appointments are a low priority when they need to work to maintain the family. There are more uninsured Latinas than any other ethnic group. Uninsured Latinos without breast cancer are more than twice as likely to be diagnosed at a later stage. Her program offers home hospital visits and advocacy services. She has a weekly breast clinic at SFGH for newly diagnosed Latinas. She developed an in-home support service for women in the end stages of their disease. Presently there are no Spanish-speaking support services for Latino men with cancer. She received a grant to open a Cancer Resource Center in the Mission to serve Latino men and women. Funding for her current programs ends next months and she has submitted a request from the SFGH Foundation for 4 months of bridge funding for the SFGH clinic and the in-home support program. She asked the Commission to support the Cancer Resource Center.

Eduardo Palomo, representing the day laborer program at 17th and Hampshire. He gave a summary of the services they provide to day laborers: help them find work, attending to their medical needs, helping them find clothing and shelter. The program helps them enter into the service systems at San Francisco General Hospital and St. Luke's Hospital. Many of the day laborers have no insurance. Many of the injuries that the workers get never get treated.

Paulette Budrow, Bernal Dwelling Senior/Youth Community Resource Center, 3111 26th Street said that Bernal Dwelling is a very diverse community now. The Resource Center will be a focal point to supply information to residents who are shut in, or have a communication barrier. She asks the Commission to support the Center. The services will be focussed toward youth—job readiness, SAT workshops, etc.

Gladys Sandlin, Mission Neighborhood Health Center, said Mission residents are very busy working to keep their families fed and housed. She thanked the Health Department for putting health programs in the Mission. Families—both the newcomer population and older families—need the same services as everyone else. Mission parents often work three jobs to make sure the children have access to a good education. The Mission Neighborhood Health Center has been in existence for 36 years. Women and children still have a great need. The most prevalent services needed are cancer, asthma, arthritis and diabetes. Access is a key issue, and we need to get people to trust that programs will stay in the Mission. The Latino population has a unique need because of language and immigration issues. Ms. Sandlin asked the Commissioner to monitor the CHDP program. The proposed changes will have tremendous impact on undocumented workers. Her recommendation is to keep access at the forefront. The City needs to start thinking about opening services after hours and on weekends. Also, SFGH has to stay where it is. It has been the only hospital that provides services to the Latino population.

Michelle Moreno and Cynthia Wong, Instituto Familiar de la Raza, run a mentoring program at the Instituto. They said that there is a lot of drug use, and they are advocating for more funding for youth services. The police do not help with the problem of drug use on the streets. The people always return. What is needed are more prevention and intervention programs.

Carlos Romero, Mission Housing Development Corporation, said that San Francisco is the most unaffordable city in the United States. The Mission has 65,000 people, most of whom are people of color. The median income for the Mission is only 41 percent of the rest of San Francisco, so clearly their access to housing is limited. The main issue is that there are no housing units. There is a very clear connection between health and housing. Stable homes equate to stable health.

Amy Fishman, Director of supportive housing program, emphasized that housing is public health. This is not a generally accepted concept, but the Department and the Health Commission are supportive and are partners. When people have housing they see a reduction in stress, improved medical compliance, people getting clean and sober and seniors who can age in place. More needs to be done for families living in SROs, where there are clear effects on health and nutrition.

Laura Guzman, Mission Neighborhood Resource Center, said that the new center will open on May 20th, and shared some of the concepts used to design the center: user-run, 24-hour services, actual services on site (rather than just a referral center) and access to treatment slots. She asked the Commission to have the methadone van visit the resource center and said they want a detox facility in the Mission. There needs to be data on homelessness in the Mission, increased access to bathrooms and a safe needle disposal site. The civil rights of day laborers, homeless people and sex workers need to be protected.

Luis Vasquez Gomez, County Schools Task Force, said that the group has been meeting with the school district, parents, students, and community based organizations. Mental health services are critically needed, and services need to be integrated.

Edgar Callo, Instituto Familiar de la Raza, works with the day laborers. These people go through tremendous stress and trauma. The proposed budget cuts would hurt the most vulnerable members of the community, and he urged the Commission to do everything to prevent this from happening.

Commissioner Monfredini left the meeting at 6:15. Prior to leaving she said she wants to visit the day laborer program and would like more information about Dr. Ortiz's cancer support programs. She said the commissioners try to learn as much about the health of the city as possible, and coming to the community is the best way to do this.

Estella Garcia, Instituto Familiar de la Raza, said that health is about mind, body and spirit, as a community and as a people. Everything is interrelated—housing, mental health, mentor programs. The Surgeon General recently released a report that says that while mental illness is universal, the burden of the disability is greater on minorities because of disparities in access. It is important for the Health Commission to hold strong to its commitment to services and not let these services be cut. Also, there needs to be a Department policy that funding follows the initiative and creativity of the community organizations. Systems need to support the progressive work of community organizations. Follow their lead, because they know what they are doing.

Leonard Chavez, Mission Council, said that we need to maintain funding for substance abuse services. This is a serious problem. In 1994 there were over 22,000 adult drug and alcohol arrests. In 1999, there were 31,882—a 45% jump. Right now providers are just holding the line. Progressive modalities have been developed that mitigate impact of substance abuse. The first line of defense is drug treatment. Relapse is an important part of the recovery process. These need to be understood and supported. The Department of Public Health is a critical supporter of the non-profits that provide the services.

Rosario Anaya, Mission Language and Vocational School, said that the program has been serving the community for 35 years. They have eight programs that range from clerical to the culinary academy to a medical assistant program. She asked that the Commission remember how the lack of English speaking skills impacts access to health care. Also, continue to expand health services through community organizations. Find ways to bring insurance companies and the Insurance Commissioner into the local efforts.

Dan Brajkovich, Mission Language and Vocational School, talked about the relationship between lack of education and English language skills and access to health. When there is lack of access to information there is lack of employment, which means no insurance or ability to pay for care, which means no health care and no access to preventive medicine. People only get treatment when it gets really bad. The system needs to have cultural fluency. Many people in the Mission have a tremendous fear of bureaucracy. The Department, and the services it provides, needs to greet the community with open arms and languages that do not cause fear.

Donna Saffioti-Johnson, Horizons Unlimited, talked about outreach. Outreach requires prople being on the streets on a consistent basis – rain or shine. Outreach is about providing information, being a link to services. It means recognizing some people are not going to quit, so using harm reduction approaches. It means working with families and listening. There are a lot of good services for youth in the Mission, but there needs to be more.

Rob Gidden, At the Crossroads, works with homeless youth and young adults in the Mission and downtown. The program targets youth that are not going into programs, and seeks to establish relationships with these individuals through nighttime street outreach and daytime one-on-one counseling. These youth do not access services for very specific reasons: they are too old for youth services but still identify with youth and do not feel comfortable and safe in an adult environment; they had negative experiences with institutions that were supposed to help them; they fit the profile of a criminal, so they are usually targeted by law enforcement, not for treatment. He said special hours for youth are needed, as is a specific liaison for these people. He cited the ISIS clinic as a good example.

Ray Balberan, Calles Program Director, Mission Resource Centers, submitted documents to be copied and distributed to the commissioners. He said the Health Commission needs to support community organizations. All agencies are advocates. The Calles program is the eyes and ears of the community. All the Mission agencies are interconnected. The people in the Mission want to live free from poverty and free from violence.

Carola Guadamuz, Casa de los Jovenes, said that without youth programs, there would be a lot more negative activities on the streets.

Christina Carrera, Planned Parenthood Golden Gate, said that reproductive health is a major concern for the Latino community. Getting women to their educational sessions has been a challenge because the women need childcare. Another issue is domestic violence.

Nora Rios Reddick, Horizons Unlimited, said that there are no culturally competent residential programs for Latino youth. There are other great youth residential programs in San Francisco, but when Latino youth go there, they do not stay.

Commissioners' Comments

- Commissioner Jackson said that he is staunchly behind the community. The greatest challenge is adequate resources. Resources can be stretched though integration, collaboration and out-of-the-box thinking. He encouraged the community to look for opportunities to work with other neighborhoods, to seek funding from foundations and to achieve social justice.

- Commissioner Parker thanked the community for inviting the Commission to the Mission. He learned a number of things: in spite of our city being considered healthy the level of services is still unacceptable, and the community is asking for change; there need to be changes in funding mechanisms; we need to expand hours of services; and we need culturally competent providers.

- Commissioner Sanchez said that everyone is working diligently to sustain the safety net and the seawall behind it. He is very aware that we need to find mechanisms to sustain our true partners who are doing the work in the community.

- Commissioner Guy said that one important thing she learned about this neighborhood is the current transformation that is happening, including people being displaced. The Commission supports community organizations. They are user-friendly in a way bureaucracies never can be. The Department and the Commission need to better understand the complexity of the issues CBOs deal with. She also wants to better understand the changing demographics of the Mission, particularly with regard to the Asian community. She supports the development of the cancer resource center.

- Commissioner Chow said that the Commission has tried to carry out the goals that were conveyed by today's speakers, albeit imperfectly. He is fully committed to a culturally competent program, and fully committed to having the community participate in the development of the program. He noted the great emphasis on youth and schools, which the Commission is also very interested in.

7) PUBLIC COMMENT/OTHER BUSINESS

None.

8) ADJOURNMENT

The meeting was adjourned at 7:25 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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7/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

Tuesday, May 7, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF APRIL 16, 2002**
**Minutes of April 16, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **Black Coalition on AIDS HIV Prevention Contract Update**
** Minutes from October 2, 22001 Health Commission meeting*

(3.2) **DPH-Bureau of Environmental Health** – Request for approval of proposal to increase food facility permit fees.
* *Calendaring request memo, Letter to the Controller, Food Program Budget list, List of current and proposed fee schedules, Copy of amended fee ordinance*

(3.3) **AIDS Office** – Request for approval of a contract modification with Westside Community Mental Health to decrease funds in the amount of $58,415, for an adjusted contract value of $196,739, to provide women's HIV prevention services, for the period of July 1, 2000 through June 30, 2002.
* *Calendaring request memo, Client demographic information form, Monitoring Report, Letter from Westside*

(3.4) **PHP-CSAS** – Request for approval of a retroactive contract modification with Larkin Street Youth Services, Inc., in the amount of $400,000 for the period of April 1, 2002 through June 30, 2002, to provide prevention and intervention substance abuse services targeting homeless youth aged 12 to 21 years old, for a total contract value of $1,488,577 for the total period of July 1, 1999 through June 30, 2003.
**Calendaring request memo, Larkin board roster*

(3.5) **PHP-CSAS** – Request for approval of a retroactive contract modification with Positive Direction Equals Change, Inc., in the amount of $60,000 for the period of April 1, 2002 through March 31, 2003, to provide new substance abuse ancillary services and a new collaborative prevention program with Visitacion Valley Beacon Services, for the period of May 1, 2001 through March 31, 2003, for a total contract amount of $400,000.
**Calendaring request memo*

(3.6) **PHP-Maternal and Child Health** – Request for approval to accept and expend retroactively a grant from the California Family Health Council, Inc., through a subcontract with UCSF School of Nursing, in the amount of $69,152.61, for child care consultation services for the period of September 1, 2001 to June 30, 2002, and two sole source contracts with Children's Council and Wu Yee.
* *Calendaring request memo, Grant information form, Budget form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **HIPAA UPDATE – QUARTERLY REPORT**
(Kathleen Murphy, Deputy City Attorney, CHN)
**Update*

6) **FOR DISCUSSION AND ACTION:** **ANNUAL HOMELESS PROGRAM UPDATE AND CONSIDERATION OF A RESOLUTION**
(Anne Kronenberg, Director of Policy and Planning)
**Update and Resolution*

7) **FOR DISCUSSION** **ANNUAL HOUSING UPDATE**
(Marc H. Trotz, Director of Housing and Urban Health)
**Update*

8) FOR DISCUSSION: THIRD QUARTER FINANCIAL REPORT
(Monique Zmuda, DPH Chief Finance Officer)
**Update*

9) PUBLIC COMMENTS**

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $70,000, Imogene Jones v. CCSF, Department of Public Health et al, United States District Court Case #CO1-1405 WHA

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

11) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $18,800, Mariano v. CMHS and SFUSD, Special Education Hearing Office, State Department of Education, Case Nos. SN 02-00356 and SN 02-00632

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

12) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $7,000, Ozeri v. San Francisco Unified School District (SFUSD), and Department of Public Health (DPH), Community Mental Health Services. Special Education and Hearing Office, State Department of Education, Case No. SN 99-00145, File #021183

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

13) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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7/02

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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 7, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The Health Commission meeting was called to order by Commissioner Edward A. Chow, M.D. at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Arthur M. Jackson – arrived at 3:25 p.m.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF APRIL 16, 2002

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved the minutes of the April 16, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired and Commissioner Umekubo attended the Budget Committee meeting.

(3.1) **Black Coalition on AIDS HIV Prevention Contract Update**

This item was continued to May 21, 2002.

(3.2) **DPH-Bureau of Environmental Health** – Request for approval of proposal to increase food facility permit fees.

(3.3) **AIDS Office** – Request for approval of a contract modification with Westside Community Mental Health to decrease funds in the amount of $58,415, for an adjusted contract value of $196,739, to provide women's HIV prevention services, for the period of July 1, 2000 through June 30, 2002.

Commissioners' Comments

- Commissioner Monfredini asked if the agency understood why the contract was reduced, and if they were comfortable with the new funding level. Abner Voles from the agency said that they understand the reasons and appreciate the Department's assistance. Commissioner Monfredini asked if the Commission should receive a status report on this contract. Mr. Tierney replied that the contract renewal would be presented to the Commission prior to June 30, 2002, and the Commission can receive an update at that time.

(3.4) **PHP-CSAS** – Request for approval of a retroactive contract modification with Larkin Street Youth Services, Inc., in the amount of $400,000, for the period of April 1, 2002 through June 30, 2002, to provide prevention and intervention substance abuse services targeting homeless youth aged 12 to 21 years old, for a total contract value of $1,488,577 for the total period of July 1, 1999 through June 30, 2003.

(3.5) **PHP-CSAS** – Request for approval of a retroactive contract modification with Positive Direction Equals Change, Inc., in the amount of $60,000, for the period of April 1, 2002 through March 31, 2003, to provide new substance abuse ancillary services and a new collaborative prevention program with Visitacion Valley Beacon Services, for the period of May 1, 2001 through March 31, 2003, for a total contract amount of $400,000.

(3.6) **PHP-Maternal and Child Health** – Request for approval to accept and expend retroactively a grant from the California Family Health Council, Inc., through a subcontract with UCSF School of Nursing, in the amount of $69,152.61, for child care consultation services for the period of September 1, 2001 to June 30, 2002, and two sole source contracts with Children's Council and Wu Yee.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved the consent calendar of the Budget Committee, with Item 3.1 being continued to the May 21, 2002 Budget Committee meeting.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

HIV Reporting In California

After more than a year of public comment and policy revisions, the California Department of Health Services last week issued final regulations implementing non-names based HIV reporting in California, effective July 1, 2002. The Department of Public Health actively participated in the

State's regulatory process and worked with San Francisco's HIV community to offer the Department's collective experience in tracking HIV by unique identifier through a San Francisco-specific pilot project. Unfortunately, the final regulations do not incorporate all of its recommendations. Nonetheless, the Department will work with the State to implement a successful and accurate system of HIV reporting for California. The Ryan White CARE Act reauthorization of 2000 encourages the move from AIDS cases to HIV cases for purposes of calculating the Title I formula by July 1, 2004.

Congressional Testimony in Support of Treatment on Demand

On May 14, 2002, Barbara Garcia will be testifying before the United States House Committee on Appropriations. Her testimony, on behalf of Congresswoman Nancy Pelosi, will include a review of San Francisco's approach to substance abuse policy and program implementation, highlighting the process and preliminary outcomes of recent initiatives.

Behavior Health Model of Care for the Department

"Improve integration of services for target, vulnerable and at-risk populations who need multiple services" is strategy 1.6 of the Department's Strategic Plan. Following this direction, Barbara Garcia, has been leading the development of a comprehensive model of care for clients impacted by substance abuse, mental health, and physical health. Based on this work, the Department is embarking on a three-year plan to implement a Behavior Health model of care. Dr. Bob Cabaj has been appointed Behavior Health Director. Dr. Jorge Partida and Jo Ruffin will act as the Deputy Directors of Behavior Health. The planning process for the Behavior Health Plan will ensure that the many stakeholders; providers, consumers and advocates are involved, providing input. DPH believes that this next step of integration will provide a more comprehensive approach to providing essential services to San Franciscans.

April - Harm Reduction Month

Over three hundred DPH staff, providers and community members participated last month in harm reduction presentations. The events focused on harm reduction and the implications of integrating the Department's Harm Reduction Policy into practice.

Steven Tierney was Honored with a Hero Award

On May 2nd Steven Tierney, ED.D., Director of HIV Prevention Services in the AIDS Office, was presented with the 2002 John Lorenzini AIDS Hero Award by the AIDS Candlelight Vigil Committee for his work in HIV Prevention. John Lorenzini chained himself to the door of the old Federal Building to protest the indifferent attitude of Reagan Administration officials toward the growing AIDS health crisis. He was the first person arrested in San Francisco for AIDS-related civil disobedience. He served as the Director of the Persons with AIDS Alliance and fought for more education about HIV/AIDS, including teenage outreach and changing the health community to view AIDS as not just a "gay plague".

David Ruch will Receive the Brownie Mary Award

David Ruch and another Needle Exchange volunteer will be receiving the Brownie Mary Award on behalf of all the Needle Exchange volunteers. Brownie Mary was a fighter in the AIDS and medical marijuana communities. She helped thousands of people with AIDS and those suffering critical illnesses by baking brownies cooked with medical marijuana.

San Francisco Emergency Response Map

Members and friends of the San Francisco General Hospital Foundation will be gathering next week to celebrate the release of the city's first San Francisco Emergency Response Map. The map has been produced in three languages and prominently displays all of the City's emergency response facilities--Fire Stations, Police Stations and Hospitals. The reverse side of the map offers highlights of what to do and who to call in a variety of emergencies such as a fire, power outage, poisoning and earthquakes. DPH is deeply grateful to the George Jewett Foundation and Lucy and Fritz Jewett for their generous contribution and leadership in producing this map. Distribution is being handled through a number of venues throughout the City. Any DPH employee who would like a copy of the map can call 206-4478.

WEDGE Legacy Celebration

The WEDGE Legacy Celebration is May 18th from 6:00 to 9:00 p.m. at the new San Francisco LGBT Community Center who will acknowledge the invaluable contributions of everyone in the extended "WEDGE family"--staff, community educators, teachers, students and especially HIV-positive volunteers. The evening will feature speakers recounting their experiences with WEDGE an awards ceremony honoring individuals who have made significant contributions to the program's success, entertainment and light refreshments.

The WEDGE program, recognized nationally as model program, was a unique collaboration between the San Francisco Department of Public Health and the San Francisco Unified School District. WEDGE volunteers working together for 15 years to reach thousands of teens with messages about self-esteem, decision-making and saving lives. For additional information, contact the WEDGE Program at 415-581-2440.

SRO Hotel Owners/Operators/Managers Code Compliance Workshop

DPH's Environmental Health, Dr. Johnson Ojo, in conjunction with the Department of Building Inspection, Fire, Police, District Attorney and City Attorney, conducted an informational workshop for SRO owners on April 24th. The workshop provided an opportunity for hotel owners, operators and managers to discuss their concerns and to be provided vital information on how to comply with the SF Municipal Codes and sanitation guidelines. DPH also presented on tuberculosis control, and mental health issues. Nearly 100 owner/operators participated in the workshop.

DHS Recognizes LHH for Community Reintegration Program

The California Department of Health Services (DHS) Licensing and Certification Program has awarded Laguna Honda Hospital with an honorable mention for its Community Reintegration Program. The DHS Best Practices Program, now in its eighth year, encourages excellence and innovation in long-term care.

LHH rehabilitation staff, Lisa Pascual, M.D., and Paul Carlisle, RPT, will present the project at the three Best Practices conferences held throughout the state in July. The project is entitled, "The Role of Data Base Utilization in Achieving Community Reintegration."

The LHH team created the Access Data Program because of the growing number of younger patients being referred who need rehabilitation and discharge planning. The Rehabilitation Services Department developed the Community Reintegration Program (CRP) to expedite patients' transitions from the acute hospital to LHH, provide a comprehensive rehabilitation treatment program, and achieve effective and efficient community reintegration. Integral to the success of the CRP was the ability to track the efficiency of referral intake and admissions, to demonstrate objective functional improvement with comprehensive rehabilitation and to document the effectiveness of community reintegration. With the development of a Rehabilitation Services Database, reports can now be generated to assess multiple aspects of the CRP including:

San Francisco General Hospital Medical Center Passes Their Survey

San Francisco General Hospital Medical Center has successfully completed their Consolidated Accreditation and Licensure Survey (CALS). This year's survey was conducted from April 22nd to April 26th and involved over 16 surveyors from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Institute for Medical Quality (IMQ) and the State Department of Health Services (DHS).

As part of the survey, all areas licensed under SFGHMC were surveyed; including all of the acute services, emergency services, diagnostic services, the Mental Health Rehabilitation Facility, the Hospital-based Primary Care and Specialty Clinics, and Bridge to Wellness. The hospital, Mental Health Rehabilitation Facility (MHRF), and Bridge to Wellness were surveyed and accredited under three different JCAHO manuals. The hospital was surveyed under the Hospital Manual and received a successful preliminary score of 84%. The MHRF was surveyed under the Long Term Care Manual and received a preliminary score of 97%. Bridge to Wellness was surveyed under the Behavioral Manual and received a perfect preliminary score of 100%.

Gene Marie O'Connell, Executive Administrator of SFGHMC, credits the success to all of the dedication and hard work of the staff. Over the next months SFGHMC will be waiting for the official scores from JCAHO as well as the final findings from DHS.

Commissioners' Comments

- Commissioner Monfredini asked if the Behavioral Health roles for Bob Cabaj, Jo Ruffin and Jorge Partida are in addition to their current positions. Dr. Katz said that at some point the Department will not have separate Mental Health and Substance Abuse Divisions—there will be one Behavioral Health Division. However, during implementation, there will be some extra work required to implement this system.

- Commissioner Chow said that San Francisco's participation in the non-named based HIV reporting effort was very important. He commented that the change to the Behavioral Health Division is a work in progress, and the concept is appropriate because so many of DPH clients are dually diagnosed. He acknowledged Commissioner Guy for her role as moderator of the Harm Reduction panel discussion. He commended Gene O'Connell and the San Francisco General Hospital for receiving such a fine rating from JCAHO. The surveyors uniformly agreed that the staff at San Francisco General Hospital acted like a family, which they do not often see at large urban institutions.

- Commissioner Parker is pleased to see that the Department has developed a Behavioral Health Division. This fits in very well with the Strategic Plan goal of prevention. The Department should emphasize STD and HIV/AIDS as part of this model.

5) HIPAA UPDATE – QUARTERLY REPORT

Kathleen Murphy, Deputy City Attorney, CHN and Acting Compliance Officer, presented the quarterly HIPAA Update. Since the last update the three task forces have transitioned from determining what needed to be done to actually doing the work. The chairs of the three task forces updated the Commission on the work that has been done since the last Health Commission update.

Donna Jacobs, Co-Chair of the Transactions and Code Sets Task Force, said that since the last update, IS vendors were invited to present their plans and timelines for compliance to the task force.

Remediation is currently underway for several systems under the Department's purview, for example Invision and Diamond. Congress delayed the implementation date for the Transaction and Code Set Standards until October 2003. There is no formal approval process, the request just needs to be submitted, which DPH will be doing. The request is due by October 15, 2002. The delay is just for the Transactions and Code Sets requirements, not for other HIPAA requirements.

Next Steps
Continue working with the various system vendors to plan for and implement required system enhancements and upgrades; begin to work on the request for extension for submission to CMS; begin to develop a strategy with our billing partners for the coordination of testing and implementation of the standard transactions.

Cheryl Austin, Privacy Task Force Co-Chair, updated the Commission on the Privacy Task Force. The deadline for compliance with this is April 2003. Since the last update, the Privacy Task Force developed, distributed and collected a HIPAA privacy assessment survey. Analysis of the survey continues and they expect a 70-80% response rate across all DPH divisions. Next steps are to hire a Privacy Officer, analyze survey results, develop recommendations for corrective action, develop needed privacy policies and procedures, patient notification documents and staff education program. By March 2003 the Department will be compliant.

Dave Counter, Chair of the Security Task Force, updated the Commission on the work of that task force. The three components of security are confidentiality, integrity and availability. There are four categories of compliance requirements: administrative procedures; physical safeguards; technical security services; and technical security mechanisms.

Next Steps
Administrative Procedures: continue to monitor regulations; Disaster Plan will continue to be updated and tested; personnel access authorization will be reviewed with the Privacy Officer; and security management procedures will continue to be refined.

Physical Safeguards: media and change controls will be monitored; physical access controls will be finalized; workstation procedures will be finalized and budgeted; security awareness training program will be completed.

Technical Security Services: network and application access controls will be monitored; internal audits will be finalized with Privacy Officer; individual authentication will be reviewed and budgeted; data authentication will be reviewed and budgeted.

Technical Security Mechanisms: network data integrity will be reviewed and budgeted; message authentication will be reviewed and budgeted; external intrusion controls will be fully implemented; encryption requirements will be reviewed and budgeted.

Mr. Counter said that much of the technologies that may be required by HIPAA are expensive. One of the things that the regulations my call for is that when sending patient information over the e-mail, that the Department can ensure that that material has not been altered in any way during transmission.

Commissioners' Comments

- Commissioner Chow asked if staff feels comfortable that they will receive buy in and cooperation from our partners by the end of the year. Mr. Counter said yes, and Ms. Murphy added that there will soon be a full time compliance officer who will have the time to make sure this happens. Commissioner Chow asked that the Joint Conference Committees hear a more specific progress report on the Privacy Task Force in six months, since the privacy regulations are the first regulations that need to be complied with. Ms. Austin said that the survey results would inform them of the areas that need work.

- Commissioner Jackson asked how we ensure that peoples' passwords are secure and private. Dave Counter said that the biometric identification is one way to prevent misuse of passwords and authenticate the user. This would be a costly project, approximately $1 million.

6) ANNUAL HOMELESS PROGRAM UPDATE AND CONSIDERATION OF A RESOLUTION

Anne Kronenberg, Director of Policy and Planning, presented the Annual Homeless Program update. San Francisco has a unique situation. There are an estimated 10,000 – 14,000 homeless individuals in San Francisco. San Francisco is an attractive destination, but the job market is tight and rents are high. It is also a sanctuary city known for its tolerance.

Demographics of SF Homeless

- 36% increase in homelessness between 2000 and 2002
- 75% single adults; 25% families
- 2/3 male-significant veteran population
- 2/5 suffer from mental illness
- 1/3 Domestic Violence Victims
- 14% have HIV/AIDS

The Department of Public Health and Department of Human Services are the major providers of homeless services. Problems include: services expansions have not been systematic—they are often in response to available funding; no common data/measurement tools; and uncoordinated efforts.

The Continuum of Care is a five-year strategic plan for homeless services. It guides the work of all stakeholders, including city departments. Ms. Kronenberg is the Chair of the Oversight Committee, which is charged with developing the implementation plan for all five years. The priorities in the Continuum of Care are consistent with the DPH Strategic Plan.

The Department has a Homeless Coordinating Committee, which represents all DPH homeless services. The committee has had a variety of successes. It completed an inventory of DPH homeless programs, and developed a common, citywide definition of homelessness that was adopted by both the Health Commission and the Board of Supervisors.

Ms. Kronenberg then gave an overview of DPH outreach services, which are an integral part of the homeless services. Outreach services have recently gone through reorganization. In Phase I the Mobile Assistance Patrol (MAP) vans established first response teams to go out into the community and attempt to bring people into services. They had previously been used primarily for transportation. Phase II will attempt to increase coordination between the MAP team and the other outreach teams in the Department.

Ms. Kronenberg highlighted the Department's case management services, which exist in each part of the continuum of care and are key to successful client outcomes.

The Department has various programs that serve the homeless community, all of which fall into various parts of the continuum of care. (The list of programs is included in the 2002 Annual Homeless Report.) Ms. Kronenberg gave a definition of each part of the continuum.

Prevention – Services designed to prevent homelessness or prevent its secondary effects. Includes education, health promotion, testing and screening, adherence support and primary care.

Emergency/Front End – Services delivered in an emergency setting and/or on a short term or intermittent basis. Generally delivered for one month or less, and accessed through drop-in centers, shelters, emergency departments and urgent care settings.

Transitional Services – Services delivered for a finite period aimed at achieving greater levels of health and/or housing stability. Typically delivered for one to two months, and include detoxification, time-limited residential treatment and transitional housing.

Long Term Stabilization Services – Designed to keep newly or marginally housed individuals in stable housing. Not time limited and include outpatient treatment, supportive housing, services linked to permanent housing, rent subsidies, childcare and vocational and employment services.

Ms. Kronenberg then used hypothetical individuals to describe how someone would work through DPH homeless services. She then discussed the relationship to the Strategic Plan. The programs and services meet all four goals in a variety of ways.

Recommendations/Principles

- Increased coordination and accountability between city departments
- Quantifiable outcomes for every stage of the service delivery system
- Coordinated intake process for the single adult system to ensure individualized, tailored services for clients as well as for program development and evaluation.
- To enhance interdepartmental coordination and accountability:
    - an annual report should be produced by the Mayor's Office of Housing DHS and DPH that would go the commissions, the Mayor and the Board of Supervisors;
    - Establishment of coordinated intake
    - All clients work with a case manager on a shelter placement
    - Outreach staff develop standardized assessments and referrals.

Dr. Katz said that there is a high percentage of homeless individuals who were foster care children. This presents an opportunity in terms of improving this system, and making sure it is delivering children what they need to become fully functioning adults. This is one area where a lot can be done to prevent homelessness.

Public Comment
Elizabeth Frantes, the assumption that all homeless people need case management is absurd. It assumes that people cannot handle their own business. Funding case managers does not help the homeless people. Anyone can find himself homeless. Homeless women are constantly under attack and there is no safe place for them to go.

Uzuri Greene, used to be homeless and was able to get low-income housing. She was on the list since 1997. Should move some of the homeless families into buildings that are consistently vacant.

Need more training programs. And the budget does not make sense—essential programs are being cut. We do not need more outreach, we need more services. The list for Section 8 only opens up every five years.

Commissioners' Comments

- Commissioner Monfredini asked if the MAP vans have to be called to a location or if they drive the streets looking for people. Barbara Garcia said they do both: they have a 24-hour dispatch center, and also certain geographic areas where they make rounds. An outreach worker is now with the driver, so they can do more effective outreach and engagement with clients. Commissioner Monfredini asked who MAP reports to. Ms. Garcia said it is operated by CATS and funded by CSAS. The program reports to her.

- Commissioner Parker asked how the number of homeless people is calculated. Ms. Kronenberg responded that prior to 2000 a number of different methods were used to count homeless individuals. In 2000 a homeless census was undertaken and this is the methodology that is now used every year. Commissioner Parker said that even though the City has a large safety net, there continues to be an increase in homeless, as well as problems such as substance abuse. We need to find other ways to treat this people. Ms. Kronenberg said that prevention before homelessness occurs is the ideal answer. The Department is trying to provide wrap-around services—mental health, primary care, substance abuse. But it is a daunting challenge.

- Commissioner Chow asked Ms. Kronenberg to describe what she discovered on her fact-finding visit to New York. Ms. Kronenberg said that while New York City does not provide any better services, they do have a wealth of resources. The State subsidizes the program in New York City, which is why they are able to provide the quantity of single room occupancy hotels and other living arrangements.

- Commissioner Monfredini said that one way New York is different is that they are able to track where people are in the system. They also do not give out cash—all services are provided through vouchers. Ms. Kronenberg said they want a coordinated intake and information system in San Francisco so that no matter where someone enters the system, the City would know they are there and the services they are accessing.

- Commissioner Guy commended that staff for the report, which took years to develop. The Department of Public Health and DHS are true core partners in solving this problem. The housing piece is a crucial but costly item. This problem cannot be solved through coordination alone; we need more housing. The City is headed in the appropriate direction in terms of housing as a health issue, coordinated services, and quantitative data. That is what this report represents.

- Commissioner Sanchez said the number of homeless veterans has not dropped since the 1980s and 1990s. He asked if services for homeless veterans are better coordinated regionwide, and if the Veteran's Administration (VA) sits at the table. Ms. Kronenberg said that they work very closely with the organizations that serve veterans, and the Local Board has a seat for veterans, which is currently held by someone from VA administration. Commissioner Sanchez said that it seems the City is providing services that were formerly provided for by the Federal government, who decided they were no longer going to care for people who had traumatic wartime experiences.

- Commissioner Jackson said that when foster children reach 18 the funding stops and the young person is out and alone. This puts people on the streets, and is a serious problem. Commissioner Jackson also said that the City needs to look at developing day care for sick children. This allows single people to keep working and can prevent them from becoming homeless.

- Commissioner Chow said that there should be a follow-up report at the Population Health and Prevention Joint Conference Committee on how we can better serve young people aging out of the foster care system and homeless veterans.

Action Taken: The Commission adopted Resolution # 5-02, titled: "Recognizing the Need for Increased Interdepartmental Coordination and Accountability in the Homeless Service Delivery System, Including Quantifiable Outcomes, and Supporting the Mayor's Office of Homelessness in the Development of a Coordinated Intake Process for the Single Adult System", (Attachment A).

7) ANNUAL HOUSING UPDATE

Marc H. Trotz, Director of Housing and Urban Health, presented the Annual Housing Update. Housing and Urban Health is a new section is the Community Programs Division. The main goal is to provide community-based housing and innovative healthcare services to homeless and disabled persons.

The Department invests in housing to improve the health outcomes of the Department's target populations, to improve the day-to-day living environment for homeless and disabled people, to provide housing tailored to the needs of clients in the pubic health system, to provide community based exits from the Department's institutions and to reduce over-utilization of high-end healthcare resources.

Mr. Trotz gave some supportive housing statistics based on a study that was done that looked at 250 people one year prior to getting into supportive housing and one year after getting into supportive housing.

- 58% reduction in emergency room use for the past 12 months
- 57% reduction in hospital inpatient bed use for the past 12 months
- Elimination of the use of residential mental health programs for the past 12 months.

Mr. Trotz said that a preliminary cost analysis has been done on the Broderick Residential Care Facility. In the one year prior to getting into Broderick, the 22 residents cost the public health system $2.3 million in long-term care or acute hospitalization costs. The projected cost to house and care for the 22 individuals for their first year at Broderick is $1.2 million, which is a $1.1 million savings to the public health system.

The supportive housing and medical services provided by Housing and Urban Health further all four of the Department's Strategic Plan goals.

Housing and Urban Health funds four categories of housing. Permanent housing includes direct access to housing, non-profit owned housing and tenant-based subsidies. Transitional housing is intensive on-site programs targeted to specific populations and the length of stay is from 3 to 24 months. Emergency/Stabilization provides stabilization services to medically/behaviorally complex clients while a longer-term placement is identified. The length of stay is usually up to eight weeks. Direct Medical Services are street-based medical services not directly tied to housing programs. They are harm-reduction-based interventions around substance, HIV and AIDS and other medical conditions.

Most of the Housing and Urban Health budget is spent on permanent housing. The largest revenue source is the general fund, closely followed by Federal Ryan White/CARE funding. The State provides very little funding—four percent.

Mr. Trotz described various HUH housing programs, including the Le Nain Hotel, the Pacific Bay Inn, the Broderick Street Residential Facility, the Star Hotel, the Windsor Hotel, Canon Kip Community House, Derek Silva Community House, Hazel Betsy, Peter Claver, Planetree, Autumn Glow, Rita da Cascia, Rose Hotel, Brandy Moore Transitional Program, De Paul House, Ferguson Place, Restoration House, Safe House and Ark House.

DPH took over the AIDS Housing waitlist this year, and this has been successful. This provides San Francisco with a fair and equitable system for managing HIV/AIDS housing slots. The list has over 2000 active clients waiting to be placed. Managing the list in house give us a lot better information about who is waiting and better management of access.

Mr. Trotz then discussed some of the direct medical access programs. They provide on-site medical support at housing sites to help stabilize medically complex clients. They also have Action Point Centers, which are drop-in programs for clients with HIV/AIDS . Housing and Urban Health also helps provide medical care at the 13 needle exchange sits.

Future Programmatic and Policy Directions

- Medi-Cal rate for supportive housing, and more State involvement in housing.
- Centralized access to stabilization beds. The Department funds 300-500 short-term stay beds that are dispersed and into which access is not effectively controlled. So they are not available to hospital discharge planners.
- Creating new housing settings responsive to our institutions.

Public Comment

Joyce Miller, community activist, spoke before the Commission to bring awareness for the need for more women and children care facilities, Mothers in Prison, Families in Crisis campaign. She thanked that staff of the Health Department for supporting the rally she has every year. She asked the Commission to remember that there is a need for an increased for treatment facilities for women.

Commissioners' Comments

- Commissioner Jackson congratulated Mr. Trotz on the extraordinary work he and his staff have done.

- Commissioner Guy supports the recommendation to have the State allow supportive housing to be covered by Medi-Cal. We need to continually present our case to the Governor. Dr. Katz said that the state funding process does not make sense. They are content to pay for the more expensive skilled nursing facility like Laguna Honda and housed them in a more humane, less restrictive and less expensive way, and the State pays zero.

8) THIRD QUARTER FINANCIAL REPORT

Monique Zmuda, DPH Chief Finance Officer, presented the Third Quarter Financial Report. The report covers a nine-month period, but most of the data represents revenue collected and billed and expenses incurred for the first eight months. Based on this data, the Department is projecting a year-end surplus of $30.5 million for FY 2001-02. $10.4 million of this surplus has already been accounted for to give back to the City and County in the current year to meet the Mayor's general fund reduction plan. The remaining surplus will revert back to the general fund at the end of the year.

Ms. Zmuda summarized the projected fiscal year revenues and expenditures by division. San Francisco General has an estimated $7.4 million surplus, all of which is due to increased Medi-Cal revenue, much of which is a result of the increased census. They have received positive rate adjustments from Medi-Cal in the current year. San Francisco General Hospital does continue to run in excess of its budgeted salaries and operating expenses.

Laguna Honda Hospital has an $11 million surplus, largely due to the matching program approved by Medicaid whereby local dollars are used to draw down federal dollars. Primary Care is estimating a surplus of $2.5 million. Health at Home has a small surplus, and Jail Health Services anticipates a $2 million deficit. The vast majority is due to salaries that are in excess of the budget. They are not overspending, but rather are underfunded. Public Health is showing a $2.5 million surplus. Mental Health projects a $6.1 million surplus, $3 million of which is a result of increased Short-Doyle Medi-Cal revenues. Substance Abuse projections show a $2.7 surplus. $1.1 million is from prior year revenue, which is a result of favorable cost report adjustments. Expenditures are below budget largely due the intentional delay in starting up new programs.

The Mayor's Office has committed to rolling over $15 million of the surplus for next year's budget. Ms. Zmuda will return to the Commission in August with the year-end report. She does not expect the financial picture to change significantly by year-end. (See Attachment B).

Commissioners' Comments

- Commissioner Parker asked Ms. Zmuda to explain why San Francisco General Hospital is projected to have a $22 million surplus in Other Patient Revenues. Ms. Zmuda said that this is a misaligned revenue source. This account has been realigned for next year to reflect the actual revenues. The discrepancy is a function of the funding mix and the accounting system, and where these dollars are registered when they come in. This year they registered many more under patient payments then under Medi-Cal because patients who are under capitation are no longer considered Medi-Cal, they are considered insured.

9) PUBLIC COMMENTS

Patrick Monette-Shaw commented on the HIPAA presentation, specifically the biometric computer mice. He said that if the HIPAA final rules indicate that the biometric technology is required, then no doubt we have to do this. However if not, the money is better spent on more doctors, more nurses, more administrative support, etc. So if it is not required, do not do it.

Elizabeth Frantes said that C.H.A.M.P. shut down last Friday. C.H.A.M.P. provided her with important help when she needed it. They were forced to close because somebody complained to the Feds. She asked the Commissioners to write letters to San Francisco's Congressional representatives. The Federal Government has put a chilling affect on local politicians and the clubs. Protected space on city property is needed.

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 5:50 p.m. Present in closed session were the Health Commissioners, Norm Nickens, Mary Louise Fleming, Michael Leon Guerrero and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $70,000, Imogene Jones v. CCSF, Department of Public Health et al, United States District Court Case #CO1-1405 WHA

D) Reconvene in Open Session

The Commission reconvened in open session at 6:10 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

   Action Taken: The Commission approved the settlement for $70,000 in the case of Imogene Jones v. CCSF, Department of Public Health et al, United States District Court Case #C01-1405 WHA.

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).).

   Action Taken: The Commission voted not to disclose any discussions held in closed session.

11) CLOSED SESSION

This item was continued to the May 21, 2002 Health Commission meeting.

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $18,800, Mariano v. CMHS and SFUSD, Special Education Hearing Office, State Department of Education, Case Nos. SN 02-00356 and SN 02-00632

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).).

12) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 6:10 p.m. Present in closed session were the Health Commissioners, Sai-Ling Chan Sew, Rick Sheinfield and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $7,000, Ozeri v. San Francisco Unified School District (SFUSD), and Department of Public Health (DPH), Community Mental Health Services.
Special Education and Hearing Office, State Department of Education, Case No. SN 99-00145, File #021183

D) Reconvene in Open Session

The Commission reconvened in open session at 6:20 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Commission approved the $7,000 settlement in the Ozeri v. San Francisco Unified School District and the Department of Public Health, Community Mental Health Services, Special Education and Hearing Office, State Department of Education, Case No. SN 99-00145, File #021183.

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).).

Action Taken: The Commission voted not to disclose any discussions held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 6:22 p.m.

Michele M. Ols

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-02

RECOGNIZING THE NEED FOR INCREASED INTERDEPARTMENTAL COORDINATION AND ACCOUNTABILITY IN THE HOMELESS SERVICE DELIVERY SYSTEM, INCLUDING QUANTIFIABLE OUTCOMES, AND SUPPORTING THE MAYOR'S OFFICE OF HOMELESSNESS IN THE DEVELOPMENT OF A COORDINATED INTAKE PROCESS FOR THE SINGLE ADULT SYSTEM

WHEREAS, since the early 1980s the nation has seen a major increase in homelessness and the Department of Public Health (DPH) recognizes San Francisco is no exception, with an estimated 10,000 to 14,000 homeless individuals in the City at any given time; and,

WHEREAS, this increase in homelessness was the result of a number of factors, including:

- a national trend toward deinstitutionalization without a corresponding increase in community based care
- an increase in dually diagnosed people suffering from substance abuse, mental illness and HIV
- an increase in the lack of affordable housing with individual and family incomes not keeping pace with rental increases; and,

WHEREAS, the Department of Public Health's mission is to protect and promote the health of all San Franciscans, and DPH is committed to providing health care services to the uninsured, homeless, immigrants, racial and ethnic minorities, and persons from low income neighborhoods; and,

WHEREAS, the Department of Public Health has been a major player along with the Department of Human Services (DHS) in responding to homeless need and, as homelessness increased, the Health Department began expanding programs to meet the ever-growing need; and,

WHEREAS, the expansion of homeless services throughout the City was not done in a systematic manner and DPH is no exception, with homeless programs appearing in every division of the Department, using different measurement tools to determine success; and,

WHEREAS, while the Department has made significant progress in coordinating homeless services through its Homeless Coordinating Committee, the City as a whole could improve on interdepartmental coordination and agreement on outcome measures; and,

WHEREAS, homeless programs can be evaluated separately, but not as a system of care, because the data is not available, and as a whole, the City has no way of identifying how many homeless individuals access services, who is in the system, or how much overlap exists between programs; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-02 (Cont'd.)

WHEREAS, it is very difficult to ascertain if services are having the desired outcomes, because DPH does not have the citywide data to support their effectiveness; and,

WHEREAS, DPH is currently working on the development of a set of standardized homeless indicators that will cross the Department's continuum of services, and while this will improve DPH's ability to evaluate programs internally, it will not impact the Department's ability to evaluate how well its programs interface within the larger citywide continuum of services; and,

WHEREAS, the Mayor's Office of Homeless has let a Request for Proposal to design a coordinated intake system for San Francisco's homeless programs, ideally providing information on how many homeless persons are served, where they are served and what services are multiply accessed; and,

WHEREAS, this system will increase coordination and accountability between City departments participating in the homeless service delivery system, and it will provide City policy makers with the tools to be able to improve services by identifying gaps and needs; and,

WHEREAS, the system will help ensure that individualized, tailored services are provided to clients as well as assist in program development and evaluation; now, therefore, be it

RESOLVED, that the Health Commission and the Department of Public Health support the development of a coordinated intake system for the homeless delivery system; and, be it further

RESOLVED, that the Health Commission recommends that the Mayor's Office of Homelessness, the Department of Public Health and the Department of Human Services jointly produce an annual report for their respective Commissions, the Mayor and Board of Supervisors; and, be it further

RESOLVED, that the Health Commission recommends that DPH and DHS further review the role of "specialized" teams of outreach workers developing standardized assessments and referrals.

I hereby certify that the Health Commission at its meeting of May 7, 2002 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to
the Health Commission

Department of Public Health

STATEMENT OF REVENUE AND EXPENSES

February 28, 2002

(In Thousands of Dollars)

YEAR TO DATE					ANNUAL			
Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var
				NET PATIENT SERVICE REVENUE:				
99,386	101,365	(1,979)	(0)	Medi-Cal Revenue	171,774	157,128	14,645	0
32,575	39,299	(6,724)	(0)	Medicare Revenue	47,996	58,936	(10,940)	(0)
44,176	28,913	15,263	1	Other Patient Revenue	65,651	43,397	22,254	1
(16,179)	(17,737)	1,558	0	Provision for Bad debt	(24,246)	(26,600)	2,354	0
159,958	151,840	8,118	0	TOTAL NET PATIENT SERVICE REVENUE	261,175	232,861	28,314	0
				OTHER OPERATING REVENUE:				
194	7,297	(7,104)	(1)	Short Doyle (Community Mental Health Service)	10,946	10,946	0	n/a
12,157	24,360	(12,202)	(1)	Short Doyle M/Cal	39,177	36,540	2,637	0
4,313	4,443	(129)	(0)	MAA/TCM	6,320	6,664	(344)	(0)
84,122	84,122	0	n/a	SB855	126,183	126,183	0	n/a
13,133	14,467	(1,334)	(0)	SB1255	19,700	21,700	(2,000)	(0)
867	867	0	n/a	GME	1,300	1,300	0	n/a
6,175	6,175	0	n/a	Capitation/Managed Care Settlement	9,263	9,263	0	n/a
8,112	10,816	(2,704)	(0)	State Alcohol	16,657	16,224	433	0
6,875	4,584	2,291	0	Proposition 36	6,876	6,876	0	n/a
83,414	93,139	(9,725)	(0)	State Realignment	142,149	139,709	2,441	0
3,602	3,689	(88)	(0)	Prop 99 AB75	5,534	5,534	0	n/a
1,411	4,696	(3,286)	(1)	Other State (CCS and State Mandated Cost)	5,685	7,045	(1,359)	(0)
6,183	10,603	(4,420)	(0)	Fees/Cafeteria/Misc (includes lease income)	15,652	15,902	(250)	(0)
13,883	21,047	(7,164)	(0)	Workorder Recovery	29,160	31,567	(2,407)	(0)
3,897	3,897	0	n/a	Transfer In and Project Related	5,846	5,846	0	n/a
22,195	22,195	0	n/a	Carryforward	33,292	33,292	0	n/a
270,532	316,396	(45,864)	(0)	TOTAL OTHER OPERATING REVENUE	473,740	474,590	(850)	(0)
430,490	468,237	(37,747)	(0)	TOTAL OPERATING REVENUE	734,915	707,451	27,464	0
				OPERATING EXPENSES:				
247,551	251,509	3,958	0	Personnel Services	381,178	378,395	(2,783)	(0)
59,649	60,421	772	0	Mandatory Fringe Benefits	92,683	90,868	(1,815)	(0)
227,465	210,609	(16,856)	(0)	Non-personal Services	317,849	319,441	1,592	0
38,841	38,410	(431)	(0)	Materials and Supplies	58,684	57,615	(1,069)	(0)
9,536	10,681	1,144	0	Facilities Maint. & Capital Outlay	14,622	16,022	1,400	0
30,148	27,184	(2,965)	(0)	Services of Other Departments (workorders)	39,074	40,776	1,702	0
63,483	65,483	2,000	0	Operating Transfer Out	95,225	98,225	3,000	0
3,419	3,419	0	n/a	Intrafund Transfer	5,129	5,129	0	n/a
4,412	5,078	666	0	Projects	6,618	7,618	1,000	0
684,504	672,793	(11,711)	-1.7%	TOTAL OPERATING EXPENSES	1,011,062	1,014,089	3,027	0.3%
(254,014)	#####	(49,457)	(0)	OPERATING INCOME/(LOSS)	(276,147)	(306,638)	30,491	0
				NON-OPERATING REVENUE:				
202,138	202,138	0	n/a	General Fund	306,638	306,638	0	n/a
202,138	202,138	0	n/a	TOTAL NON-OPERATING REVENUE	306,638	306,638	0	n/a
(51,876)	(2,418)	(49,457)	n/a	NET INCOME/(LOSS)	30,490	(0)	30,490	n/a

San Francisco General Hospital

STATEMENT OF REVENUE AND EXPENSES

February 28,2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	32,032	35,705	(3,673)	-10.3%	Medi-Cal Revenue	53,861	53,521	340	0.6%	1
2	28,887	35,292	(6,405)	-18.1%	Medicare Revenue	43,150	52,921	(9,771)	-18.5%	2
3	37,980	23,227	14,753	63.5%	Other Patient Revenue	56,970	34,857	22,113	63.4%	3
4	(15,000)	(16,338)	1,338	8.2%	Provision for Bad debt	(22,500)	(24,500)	2,000	8.2%	4
5	83,899	77,886	6,013	0	TOTAL NET PATIENT SERVICE REVENUE	131,481	116,799	14,682	0	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	3,369	3,369	0	n/a	Short Doyle M/Cal	4,554	5,054	(500)	-9.9%	9
10	2,667	2,921	(254)	-8.7%	MAA/TCM	4,000	4,381	(381)	-8.7%	10
11	84,122	84,122	0	n/a	SB855	126,183	126,183	0	n/a	11
12	13,133	14,467	(1,334)	-9.2%	SB1255	19,700	21,700	(2,000)	-9.2%	12
13	867	867	0	n/a	GME	1,300	1,300	0	n/a	13
14	5,679	5,679	0	n/a	Capitation/Managed Care Settlement.	8,519	8,519	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	40,742	40,742	0	n/a	State Realignment	61,113	61,113	0	n/a	17
18	2,282	2,282	0	n/a	Prop 99 AB75	3,423	3,423	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	2,185	2,185	0	n/a	Fees/Cafeteria/Misc (includes lease income)	3,277	3,277	0	n/a	20
21	5,546	6,162	(616)	-10.0%	Workorder Recovery	8,319	9,243	(924)	-10.0%	21
22	3,897	3,897	0	n/a	Transfer In and Project Related	5,846	5,846	0	n/a	22
23	9,654	9,654	0	n/a	Carryforward	14,482	14,482	0	n/a	23
24	174,143	176,347	(2,204)	-1.2%	TOTAL OTHER OPERATING REVENUE	260,716	264,521	(3,805)	-1.4%	24
25										25
26	258,042	254,233	3,809	1.5%	TOTAL OPERATING REVENUE	392,197	381,320	10,877	2.9%	26
27										27
28					OPERATING EXPENSES:					28
29	111,107	108,678	(2,429)	-2.2%	Personnel Services	168,284	162,986	(5,298)	-3.3%	29
30	26,640	26,053	(587)	-2.3%	Mandatory Fringe Benefits	40,349	39,079	(1,270)	-3.2%	30
31	68,867	66,867	(2,000)	-3.0%	Non-personal Services	103,300	100,300	(3,000)	-3.0%	31
32	26,136	26,136	0	n/a	Materials and Supplies	39,205	39,205	0	n/a .	32
33	4,841	5,041	200	4.0%	Facilities Maint. & Capital Outlay	7,262	7,562	300	4.0%	33
34	10,434	11,641	1,207	10.4%	Services of Other Departments (workorders)	15,650	17,461	1,811	10.4%	34
35	63,483	65,483	2,000	3.1%	Operating Transfer Out	95,225	98,225	3,000	3.1%	35
36	3,419	3,419	0	n/a	Intrafund Transfer	5,129	5,129	0	n/a	36
37	4,412	5,078	666	13.1%	Projects	6,618	7,618	1,000	13.1%	37
38	319,339	318,396	(943)	-0.3%	TOTAL OPERATING EXPENSES	481,022	477,565	(3,457)	-0.7%	38
39										39
40	(61,297)	(64,163)	2,866	4.5%	OPERATING INCOME/(LOSS)	(88,825)	(96,245)	7,420	7.7%	40
41										41
42					NON-OPERATING REVENUE:					42
43	64,163	64,163	0	n/a	General Fund	96,245	96,245	0	n/a	43
44	64,163	64,163	0	n/a	TOTAL NON-OPERATING REVENUE	96,245	96,245	0	n/a	44
45										45
46	2,866	0	2,866	n/a	NET INCOME/(LOSS)	7,420	0	7,420	n/a	46

Laguna Honda Hospital

STATEMENT OF REVENUE AND EXPENSES

February 28, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	59,396	56,363	3,033	5.4%	Medi-Cal Revenue	103,160	89,660	13,500	15.1%	1
2	2,267	2,315	(48)	-2.1%	Medicare Revenue	2,772	3,477	(705)	-20.3%	2
3	4,333	4,912	(579)	-11.8%	Other Patient Revenue	6,447	7,378	(931)	-12.6%	3
4	(682)	(599)	(83)	-13.9%	Provision for Bad debt	(1,000)	(900)	(100)	-11.1%	4
5	65,314	62,991	2,323	0	TOTAL NET PATIENT SERVICE REVENUE	111,379	99,615	11,764	0	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	
20	169	217	(48)	-22.1%	Fees/Cafeteria/Misc (includes lease income)	223	325	(102)	-31.4%	
21	0	0	0	n/a	Workorder Recovery	0	0	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	0	0	0	n/a	Carryforward	0	0	0	n/a	23
24	169	217	(48)	-22.1%	TOTAL OTHER OPERATING REVENUE	223	325	(102)	-31.4%	24
25										25
26	65,483	63,208	2,275	3.6%	TOTAL OPERATING REVENUE	111,602	99,940	11,662	11.7%	26
27										27
28					OPERATING EXPENSES:					28
29	62,712	63,557	845	1.3%	Personnel Services	94,547	94,547	0	n/a	29
30	16,222	16,960	738	4.4%	Mandatory Fringe Benefits	25,229	25,229	0	n/a	30
31	1,670	1,716	46	2.7%	Non-personal Services	2,574	2,574	0	n/a	31
32	6,619	6,050	(569)	-9.4%	Materials and Supplies	9,975	9,075	(900)	-9.9%	32
33	795	780	(15)	-1.9%	Facilities Maint. & Capital Outlay	1,070	1,170	100	8.5%	33
34	4,530	4,530	0	n/a	Services of Other Departments (workorders)	6,389	6,796	407	6.0%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	92,548	93,593	1,045	1.1%	TOTAL OPERATING EXPENSES	139,784	139,391	(393)	-0.3%	38
39										39
40	(27,065)	(30,385)	3,320	10.9%	OPERATING INCOME/(LOSS)	(28,182)	(39,451)	11,269	0	40
41										41
42					NON-OPERATING REVENUE:					42
43	26,300	26,300	0	n/a	General Fund	39,451	39,451	0	n/a	
44	26,300	26,300	0	n/a	TOTAL NON-OPERATING REVENUE	39,451	39,451	0	n/a	
45										45
46	(765)	(4,085)	3,320	1	NET INCOME/(LOSS)	11,269	0	11,269	n/a	46

Primary Care

STATEMENT OF REVENUE AND EXPENSES
February 28, 2002
(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	4,832	2,723	2,109	77.5%	Medi-Cal Revenue	6,471	4,085	2,386	58.4%	1
2	503	783	(280)	-35.8%	Medicare Revenue	754	1,174	(420)	-35.8%	2
3	498	533	(35)	-6.6%	Other Patient Revenue	745	800	(55)	-6.9%	3
4	(497)	(800)	303	37.9%	Provision for Bad debt	(746)	(1,200)	454	37.8%	4
5	5,336	3,239	2,097	64.7%	TOTAL NET PATIENT SERVICE REVENUE	7,224	4,859	2,365	0	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	932	932	0	n/a	MAA/TCM	1,399	1,399	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	496	496	0	n/a	Capitation/Managed Care Settlement	744	744	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	410	777	(367)	-47.2%	Fees/Cafeteria/Misc (includes lease income)	615	1,165	(550)	-47.2%	20
21	2,596	3,477	(881)	-25.3%	Workorder Recovery	3,893	5,215	(1,322)	-25.3%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	947	947	0	n/a	Carryforward	1,420	1,420	0	n/a	23
24	5,381	6,629	(1,248)	-18.8%	TOTAL OTHER OPERATING REVENUE	8,071	9,943	(1,872)	-18.8%	24
25										25
26	10,717	9,868	849	8.6%	TOTAL OPERATING REVENUE	15,295	14,802	493	3.3%	26
27										27
28					OPERATING EXPENSES:					28
29	18,982	20,015	1,033	5.2%	Personnel Services	29,168	30,021	853	2.8%	29
30	4,592	4,409	(183)	-4.2%	Mandatory Fringe Benefits	7,056	6,613	(443)	-6.7%	30
31	2,054	2,514	460	18.3%	Non-personal Services	3,082	3,772	690	18.3%	31
32	1,021	1,021	0	n/a	Materials and Supplies	1,532	1,532	0	n/a	32
33	3,554	4,220	666	15.8%	Facilities Maint. & Capital Outlay	5,331	6,331	1,000	15.8%	33
34	854	791	(63)	-8.0%	Services of Other Departments (workorders)	1,281	1,186	(95)	-8.0%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	31,057	32,970	1,913	5.8%	TOTAL OPERATING EXPENSES	47,450	49,455	2,005	4.1%	38
39										39
40	(20,340)	(23,102)	2,762	12.0%	OPERATING INCOME/(LOSS)	(32,155)	(34,653)	2,498	0	40
41										41
42					NON-OPERATING REVENUE:					42
43	23,102	23,102	0	n/a	General Fund	34,653	34,653	0	n/a	43
44	23,102	23,102	0	n/a	TOTAL NON-OPERATING REVENUE	34,653	34,653	0	n/a	44
45										45
46	2,762	0	2,762	n/a	NET INCOME/(LOSS)	2,498	0	2,498	n/a	46

Health at Home

STATEMENT OF REVENUE AND EXPENSES

February 28,2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	306	397	(91)	-22.9%	Medi-Cal Revenue	458	596	(138)	-23.2%	1
2	508	508	0	n/a	Medicare Revenue	763	763	0	n/a	2
3	20	20	0	n/a	Other Patient Revenue	30	30	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	834	925	(91)	(0)	TOTAL NET PATIENT SERVICE REVENUE	1,251	1,389	(138)	(0)	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc (includes lease income)	0	0	0	n/a	20
21	354	395	(41)	-10.4%	Workorder Recovery	531	589	(58)	-9.8%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	4	4	0	n/a	Carryforward	6	6	0	n/a	23
24	358	399	(41)	-10.3%	TOTAL OTHER OPERATING REVENUE	537	595	(58)	-9.7%	24
25										25
26	1,192	1,324	(132)	-10.0%	TOTAL OPERATING REVENUE	1,788	1,984	(196)	-9.9%	26
27										27
28					OPERATING EXPENSES:					28
29	2,163	2,374	211	8.9%	Personnel Services	3,352	3,561	209	5.9%	29
30	528	522	(6)	-1.1%	Mandatory Fringe Benefits	818	782	(36)	-4.6%	30
31	255	255	0	n/a	Non-personal Services	382	382	0	n/a	31
32	136	130	(6)	-4.6%	Materials and Supplies	204	195	(9)	-4.6%	32
33	30	30	0	n/a	Facilities Maint. & Capital Outlay	44	44	0	n/a	33
34	23	23	0	n/a	Services of Other Departments (workorders)	35	35	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	3,135	3,334	199	6.0%	TOTAL OPERATING EXPENSES	4,835	4,999	164	3.3%	38
39										39
40	(1,943)	(2,010)	67	3.3%	OPERATING INCOME/(LOSS)	(3,047)	(3,015)	(32)	(0)	40
41										41
42					NON-OPERATING REVENUE:					42
43	2,010	2,010	0	n/a	General Fund	3,015	3,015	0	n/a	43
44	2,010	2,010	0	n/a	TOTAL NON-OPERATING REVENUE	3,015	3,015	0	n/a	
45										45
46	67	0	67	n/a	NET INCOME/(LOSS)	(32)	0	(32)	n/a	46

Jail Health Services

STATEMENT OF REVENUE AND EXPENSES
February 28,2002
(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL			
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var
					NET PATIENT SERVICE REVENUE:				
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a
6									
7					OTHER OPERATING REVENUE:				
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a
11	0	0	0	n/a	SB855	0	0	0	n/a
12	0	0	0	n/a	SB1255	0	0	0	n/a
13	0	0	0	n/a	GME	0	0	0	n/a
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a
15	0	0	0	n/a	State Alcohol	0	0	0	n/a
16	0	0	0	n/a	Proposition 36	0	0	0	n/a
17	0	0	0	n/a	State Realignment	0	0	0	n/a
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a
20	18	17	1	5.9%	Fees/Cafeteria/Misc (includes lease income)	26	25	1	4.0%
21	622	691	(69)	-10.0%	Workorder Recovery	934	1,037	(103)	-9.9%
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a
23	248	248	0	n/a	Carryforward	372	372	0	n/a
24	888	956	(68)	-7.1%	TOTAL OTHER OPERATING REVENUE	1,332	1,434	(102)	-7.1%
25									
26	888	956	(68)	-7.1%	TOTAL OPERATING REVENUE	1,332	1,434	(102)	-7.1%
27									
28					OPERATING EXPENSES:				
29	10,201	9,672	(529)	-5.5%	Personnel Services	15,766	14,510	(1,256)	-8.7%
30	1,969	1,729	(240)	-13.9%	Mandatory Fringe Benefits	3,043	2,593	(450)	-17.4%
31	3,360	3,360	0	n/a	Non-personal Services	5,040	5,040	0	n/a
32	1,286	1,180	(106)	-9.0%	Materials and Supplies	1,929	1,769	(160)	-9.0%
33	40	40	0	n/a	Facilities Maint. & Capital Outlay	60	60	0	n/a
34	412	412	0	n/a	Services of Other Departments (workorders)	618	618	0	n/a
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a
37	0	0	0	n/a	Projects	0	0	0	n/a
38	17,268	16,393	(875)	-5.3%	TOTAL OPERATING EXPENSES	26,456	24,590	(1,866)	-7.6%
39									
40	(16,380)	(15,437)	(943)	-6.1%	OPERATING INCOME/(LOSS)	(25,124)	(23,156)	(1,968)	(0)
41									
42					NON-OPERATING REVENUE:				
43	15,437	15,437	0	n/a	General Fund	23,156	23,156	0	n/a
44	15,437	15,437	0	n/a	TOTAL NON-OPERATING REVENUE	23,156	23,156	0	n/a
45									
46	(943)	0	(943)	n/a	NET INCOME/(LOSS)	(1,968)	0	(1,968)	n/a

Public Health

STATEMENT OF REVENUE AND EXPENSES
March 15, 2002
(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	699	631	68	10.8%	Medi-Cal Revenue	755	947	(193)	-20.3%	1
2	157	1	157	23513.8%	Medicare Revenue	157	1	156	15642.5%	2
3	1,152	41	1,111	2686.2%	Other Patient Revenue	1,159	62	1,097	1768.6%	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	2,009	673	1,335	198.3%	TOTAL NET PATIENT SERVICE REVENUE	2,071	1,010	1,061	105.0%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	714	590	125	21.2%	MAA/TCM	921	884	37	4.1%	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	19,390	16,913	2,477	14.6%	State Realignment	26,946	25,370	1,576	6.2%	17
18	1,320	1,407	(88)	-6.2%	Prop 99 AB75	2,111	2,111	0	n/a	18
19	1,411	3,773	(2,362)	-62.6%	Other State (CCS and State Mandated Cost)	4,300	5,659	(1,359)	-24.0%	19
20	2,729	6,855	(4,126)	-60.2%	Fees/Cafeteria/Misc (includes lease income)	10,283	10,283	1	0.0%	2
21	818	2,452	(1,634)	-66.6%	Workorder Recovery	3,678	3,678	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	3,428	3,428	0	n/a	Carryforward	5,141	5,141	0	n/a	23
24	29,809	35,418	(5,609)	-15.8%	TOTAL OTHER OPERATING REVENUE	53,381	53,127	254	0.5%	24
25										25
26	31,818	36,091	(4,273)	-11.8%	TOTAL OPERATING REVENUE	55,452	54,137	1,315	2.4%	26
27										27
28					OPERATING EXPENSES:					28
29	20,595	22,548	1,953	8.7%	Personnel Services	33,866	35,772	1,907	5.3%	29
30	4,792	5,246	454	8.7%	Mandatory Fringe Benefits	7,925	8,319	395	4.7%	30
31	26,338	24,415	(1,923)	-7.9%	Non-personal Services	37,070	36,722	(348)	-0.9%	31
32	2,121	2,246	126	5.6%	Materials and Supplies	3,570	3,370	(200)	-5.9%	32
33	13	176	163	92.8%	Facilities Maint. & Capital Outlay	263	263	0	n/a	33
34	5,454	4,006	(1,448)	-36.1%	Services of Other Departments (workorders)	6,608	6,009	(599)	-10.0%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	59,312	58,637	(674)	-1.2%	TOTAL OPERATING EXPENSES	89,302	90,456	1,154	1.3%	38
39										39
40	(27,494)	(22,546)	(4,948)	21.9%	OPERATING INCOME/(LOSS)	(33,849)	(36,319)	2,470	-6.8%	40
41										41
42					NON-OPERATING REVENUE:					42
43	24,213	24,213	0	n/a	General Fund	36,319	36,319	0	n/a	43
44	24,213	24,213	0	n/a	TOTAL NON-OPERATING REVENUE	36,319	36,319	0	n/a	4
45										45
46	(3,281)	1,667	(4,948)	-296.9%	NET INCOME/(LOSS)	2,469	(0)	2,469	#####	46

Mental Health

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICF REVENUE:					
1	2,121	5,546	(3,425)	-61.76%	Medi-Cal Revenue	7,069	8,319	(1,250)	-15.03%	1
2	252	400	(148)	-36.93%	Medicare Revenue	400	600	(200)	-33.33%	2
3	193	180	13	7.25%	Other Patient Revenue	300	270	30	11.11%	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	2,566	6,126	(3,560)	-58.11%	TOTAL NET PATIENT SERVICE REVENUE	7,769	9,189	(1,420)	-15.45%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	194	7,297	(7,104)	-97.35%	Short Doyle (Community Mental Health Service)	10,946	10,946	0	n/a	8
9	7,635	18,666	(11,031)	-59.10%	Short Doyle M/Cal	30,998	27,998	3,000	10.71%	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	23,282	35,484	(12,201)	-34.39%	State Realignment	54,090	53,226	864	1.62%	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
	0	924	(924)	-100.00%	Other State (CCS and State Mandated Cost)	1,385	1,385	0	n/a	19
	452	485	(33)	-6.77%	Fees/Cafeteria/Misc (includes lease income)	527	727	(200)	-27.50%	20
21	3,124	6,179	(3,055)	-49.44%	Workorder Recovery	9,269	9,269	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	6,634	6,634	0	n/a	Carryforward	9,951	9,951	0	n/a	23
24	41,321	75,669	(34,347)	-45.39%	TOTAL OTHER OPERATING REVENUE	117,167	113,503	3,664	3.23%	24
25										25
26	43,888	81,794	(37,907)	-46.34%	TOTAL OPERATING REVENUE	124,936	122,692	2,244	1.83%	26
27										27
28					OPERATING EXPENSES:					28
29	20,694	22,816	2,122	9.30%	Personnel Services	33,876	34,224	348	1.02%	29
30	4,645	5,072	427	8.42%	Mandatory Fringe Benefits	7,722	7,609	(114)	-1.50%	30
31	81,159	74,458	(6,701)	-9.00%	Non-personal Services	111,815	115,115	3,300	2.87%	31
32	1,385	1,525	140	9.16%	Materials and Supplies	2,088	2,288	200	8.74%	32
33	264	314	51	16.08%	Facilities Maint. & Capital Outlay	471	471	0	n/a	33
34	3,950	2,716	(1,233)	-45.40%	Services of Other Departments (workorders)	3,896	4,074	178	4.37%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	112,097	106,902	(5,195)	-4.9%	TOTAL OPERATING EXPENSES	159,869	163,781	3,912	2.4%	38
39										39
40	(68,210)	(25,108)	(43,102)	171.67%	OPERATING INCOME/(LOSS)	(34,933)	(41,089)	6,157	-14.98%	40
41										41
42					NON-OPERATING REVENUE:					42
	25,108	25,108	0	n/a	General Fund	41,089	41,089	0	n/a	43
	25,108	25,108	0	n/a	TOTAL NON-OPERATING REVENUE	41,089	41,089	0	n/a	44
45										45
46	(43,102)	(0)	(43,102)	########	NET INCOME/(LOSS)	6,156	(0)	6,156	########	46

Substance Abuse

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	1,153	2,325	(1,172)	-50.40%	Short Doyle M/Cal	3,625	3,488	137	3.93%	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	8,112	10,816	(2,704)	-25.00%	State Alcohol	16,657	16,224	433	2.67%	15
16	6,875	4,584	2,291	49.98%	Proposition 36	6,876	6,876	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	220	67	153	229.37%	Fees/Cafeteria/Misc (includes lease income)	700	100	600	600.00%	2
21	823	1,690	(868)	-51.33%	Workorder Recovery	2,536	2,536	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	1,280	1,280	0	n/a	Carryforward	1,920	1,920	0	n/a	23
24	18,462	20,762	(2,299)	-11.08%	TOTAL OTHER OPERATING REVENUE	32,313	31,143	1,170	3.76%	24
25										25
26	18,462	20,762	(2,299)	-11.08%	TOTAL OPERATING REVENUE	32,313	31,143	1,170	3.76%	26
27										27
28					OPERATING EXPENSES:					28
29	1,097	1,849	752	40.69%	Personnel Services	2,320	2,774	454	16.37%	29
30	261	430	169	39.23%	Mandatory Fringe Benefits	541	645	104	16.07%	30
31	43,762	37,024	(6,738)	-18.20%	Non-personal Services	54,585	55,535	950	1.71%	31
32	137	121	(15)	-12.69%	Materials and Supplies	182	182	0	n/a	32
33	0	80	80	100.00%	Facilities Maint. & Capital Outlay	120	120	0	n/a	33
34	4,492	3,064	(1,427)	-46.58%	Services of Other Departments (workorders)	4,596	4,596	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	49,748	42,568	(7,180)	-16.9%	TOTAL OPERATING EXPENSES	62,344	63,852	1,508	2.4%	38
39										39
40	(31,286)	(21,806)	(9,480)	43.47%	OPERATING INCOME/(LOSS)	(30,032)	(32,709)	2,678	-8.19%	40
41										41
42					NON-OPERATING REVENUE:					42
43	21,806	21,806	0	n/a	General Fund	32,709	32,709	0	n/a	43
44	21,806	21,806	0	n/a	TOTAL NON-OPERATING REVENUE	32,709	32,709	0	n/a	4
45										45
46	(9,480)	0	(9,480)	n/a	NET INCOME/(LOSS)	2,678	0	2,678	n/a	46

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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Web Site: **http://www.dph.sf.ca.us**

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

MAY 17 2002

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, May 21, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MAY 7, 2002**
**Minutes of May 7, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **Black Coalition on AIDS HIV Prevention Contract - Status Report**
** Minutes from October 2, 2001 Health Commission meeting, Status Report*

(3.2) **DPH-Glide Foundation HIV Prevention Services Contract – Status Report**
** Minutes from October 2, 2001 Health Commission meeting, Status Report*

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Harder + Company in the amount of $76,900, to provide Standards of Care technical support for the HIV Health Services Section, for the period of March 1, 2002 through February 28, 2003.
** Calendaring request memo*

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Public Health Foundation Enterprises, Inc. in the amount of $793,082, to provide AIDS Office Research Unit clinical trial services, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive sole source contract with Public Health Foundation Enterprises, Inc. in the amount of $84,171, to provide AIDS Office Research Unit HIV Vaccine trial services, for the period of September 1, 2001 through August 31, 2002.
** Calendaring request memo, Client demographic information form*

(3.6) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California in the amount of $4,007,211 to provide citywide case management mental health services, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Monitoring report summaries, Letter from AIDS Health Project, Client demographic information forms*

(3.7) **PHP-Mental Health** – Request for retroactive approval of a new contract with the Regents of the University of California in the amount of $317,381 per year for two years, to continue the provision of Crisis Resolution mental health services targeting Psychiatric Emergency Services clients, for the period of July 1, 2001 through June 30, 2003, for a total contract value of $634,762.
** Calendaring request memo*

(3.8) **DPH** – Request for approval of DPH annual patient rates effective July 2002.
** Calendaring request memo, Rate schedule*

(3.9) **SFGH** – Request for approval to accept a gift of the construction and equipment for a comprehensive breast cancer center from the Avon Products Foundation, through the SFGH Foundation, and the naming of the center as "The Avon Products Foundation Comprehensive Breast Center."
** Calendaring request memo, Resolution*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Anne Kronenberg, Deputy Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MAY**
**List of Awardees*

6) **PRESENTATION OF THE EMERGENCY MEDICAL SERVICES AWARDS**
**List of Awardees*

7) **FOR DISCUSSION:** **EMERGENCY MEDICAL SERVICES (EMS) SECTION PRESENTATION**
(John Brown, M.D., EMS Medical Director)
**Report*

8) **TIME SPECIFIC:** **4:30 P.M.**

FOR DISCUSSION: **PROPOSITION Q (HEALTH CARE PLANNING ORDINANCE) HEARING (SEE ATTACHED)**
**Information*

9) **PUBLIC COMMENTS****

10) **CLOSED SESSION***

*Continued from May 7, 2002

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $18,800, Mariano v. CMHS and SFUSD, Special Education Hearing Office, State Department of Education, Case Nos. SN 02-00356 and SN 02-00632

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

11) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $20,000, Lurati v. CCSF, California Department of Fair Employment and Housing, Charge No. E200001

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

12) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D..
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

NOTICE

SPECIAL PUBLIC HEARING

HEALTH COMMISSION

DOCUMENTS DEPT.
MAY 17 2002
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, May 21, 2002
Time Specific: 4:30 p.m.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

Public hearing, in accordance with the Health Care Planning Ordinance (Proposition Q – 1988), to consider the impact of the following change on health care services of the community at St. Mary's Medical Center:

- ***Closure of the Pharmacy at the Sister Mary Philippa Health Center***

Persons unable to attend this public hearing may submit written comments to the Health Commission President, Commissioner Edward A. Chow, M.D., at 101 Grove Street, Room #311, San Francisco, CA 94102.

(Posted May 10, 2002)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 21, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The Health Commission meeting was called to order by Commissioner Edward A. Chow, M.D., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Arthur M. Jackson
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini
Commissioner David J. Sanchez, Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MAY 7, 2002

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) approved the minutes of the May 7, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired and Commissioner Umekubo attended the Budget Committee meeting.

(3.1) Black Coalition on AIDS HIV Prevention Contract - Status Report

Steven Tierney presented an update on the Black Coalition on AIDS HIV Prevention Contract. In addition to the report that was included in the meeting packet, Mr. Tierney submitted a matrix that showed Black Coalition on AIDS' progress (Attachment A). The agency has received an acceptable rating in both the follow-up report and the most recent monitoring report, which will be presented to the Budget Committee at its next meeting.

Commissioners' Comments

- Commissioner Jackson asked how the agency addressed its staffing problems. Dr. Tierney said that this has been an on-going problem that the agency's executive director and Board of Directors are addressing with technical assistance. Mr. Tierney said that at the moment they agency seems to have everything in place, which is reflected in the acceptable ratings they received in the most recent monitoring report. Commissioner Jackson expressed concerned about the staffing fluctuations, and what affect they will have over the long run.

- Commissioner Umekubo asked if the agency's performance has improved since the last monitoring report. Dr. Tierney responded that their performance has improved significantly since the last reporting.

Public Comment
Patrick Monette-Shaw - Concerned that Black Coalition on AIDS is going down the same path as the Bayview Hunters Point Foundation. The contract monitoring report is not sufficient to measure performance improvement. He urged the Commission to find culturally competent organizations that will get the work done and keep staff employed.

This contract was discussed separately at the Health Commission meeting. During that meeting Duane Poe, the executive director of the agency, addressed the commissioners.

Commissioners' Comments – Health Commission Meeting

- Commissioner Chow requested that the Budget Committee, at the time the contract with Black Coalition on AIDS is considered for renewal, determine the intervals at which the joint conference committees and Budget Committee receive status reports on the contract.

(3.2) DPH-Glide Foundation HIV Prevention Services Contract – Status Report

Mr. Tierney gave an update on the Glide Foundation HIV Prevention Services Contract. When the contract was renewed in October, the monitoring report showed that the agency needed improvement in staff consistency. The agency had an innovative plan to merge their AIDS services into Glide's health services organization, which is better staffed and provides more supervision. This merger has been carried out, and they have improved significantly and received an acceptable rating in both the follow-up report as well as the monitoring report for contract renewal that will come to the Commission in the future.

Commissioners' Comments

- Commissioner Jackson asked if the merger enabled the agency to maintain the staffing level or if it resulted in reduced staff. Mr. Tierney said it allowed them to maintain the workforce but reduce and consolidate management. Andrea Goetz, manager of HIV and AIDS Services at Glide, added that the structure was reorganized, and they have maintained the staff for the past year.

- Commissioner Umekubo asked if the agency was meeting its units of services. Ms. Goetz said that they are working to meet the units of services. They are working very closely with Compass Point.

This contract was also discussed at the Health Commission. Ms. Goetz addressed the Commission, and reiterated that the agency has worked to meet the Department's requirements.

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Harder + Company in the amount of $76,900, to provide Standards of Care technical support for the HIV Health Services Section, for the period of March 1, 2002 through February 28, 2003.

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(3.7) **PHP-Mental Health** – Request for retroactive approval of a new contract with the Regents of the University of California in the amount of $317,381 per year for two years, to continue the provision of Crisis Resolution mental health services targeting Psychiatric Emergency Services clients, for the period of July 1, 2001 through June 30, 2003, for a total contract value of $634,762.

(3.8) **DPH** – Request for approval of DPH annual patient rates effective July 2002.

Commissioner's Comments

- Commissioner Umekubo asked which entities were surveyed. Mr. Sass said one survey was a room rate survey of seven Bay Area hospitals, including two county hospitals. A second, more extensive, survey was done by a consultant who had several benchmarks with several other hospitals. The third study was a high-level comparison of OSHPOD (State of California Office of Statewide Health and Planning Department) public disclosure data. Commissioner Umekubo asked if a survey was done for primary care rates. Mr. Sass said one was not done. The increases in primary care range from 5%-7%.

- Commissioner Jackson asked what the highest increase was. Mr. Sass said the highest rate increase is 70% and in this instance, DPH is still less than what other hospitals charge.

(3.9) SFGH – Request for approval to accept a gift of the construction and equipment for a comprehensive breast cancer center from the Avon Products Foundation, through the SFGH Foundation, and the naming of the center as "The Avon Products Foundation Comprehensive Breast Center."

Commissioners' Comments

- Commissioner Jackson asked if the Center would have a place for community support groups to meet. Ms. O'Connell said that the patient education area or, during non-clinic hours, the waiting area could possibly be used for groups. She said that an integral part of the program is having people support each other. If there is not enough space for this, they will always make rooms available at the hospital. Ms. O'Connell will raise this issue when she meets with the architect.

The Avon Products Foundation Comprehensive Breast Center resolution was also discussed at the Health Commission meeting.

Commissioners' Comments – Health Commission

- Commissioner Chow asked when the facility would be open. Ms. O'Connell said May 31, 2003.

- Commissioner Guy complimented staff leadership from the Foundation, the hospital and UCSF. She said the research is very clear that group support is critical for patients, and wants this need to be addressed. Ms. O'Connell concurred that support groups and patient education are very critical parts of the program.

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) approved Items 3.3 – 3.8 of the consent calendar of the Budget Committee. The Commission discussed Items 3.1, 3.2 and 3.9 separately. Items 3.1 and 3.2 are status reports and required no action. After separate discussion, the Commission approved Item 3.9.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Governor's May Revision to the 2002-03 State Budget

On May 14th the Governor released the May Revision to his proposed 2002-03 budget, which includes several proposals to address an estimated $23.6 billion State budget gap. This budget shortfall is $11.1 billion greater than that anticipated by the Governor in the budget he released in January. The Governor proposes to bridge this gap in a number of ways, including:

- Program reductions, for a savings of $7.6 billion)
- Tobacco settlement scrutinization, to secure revenues of $4.5 billion (this is up from the $2.1 billion proposed in the Governor's January budget)
- Vehicle license fee offset reduction, for a savings of $1.2 billion
- $.50 increase in the tobacco excise tax, for revenues of $475 million

The majority of program reductions were taken from health and human service programs, with the State Health and Human Services Agency facing $2.8 billion in reductions. The budget also continues to rely on the passage of federal legislation to increase the Federal Medical Assistance Percentage, which the Governor estimates will bring an additional $400 million in Medicaid revenue into California.
If enacted, the Governor's budget is estimated to reduce revenues to the Department of Public Health by approximately $4 million in the upcoming fiscal year. In addition, several Medi-Cal changes will reduce enrollment in Medi-Cal, thus increasing the numbers of uninsured who will seek care at the Department's hospitals and clinics. Following is a brief summary of the key heath-related proposals included in the Governor's May Revision and the anticipated impact of these proposals on the Department:

- **Vehicle License Fee (VLF)** – partially reverses discounts to vehicle license fees and continues General Fund (GF) backfill of the remaining VLF reductions. By increasing the VLF tax to vehicle owners, reliance on the GF to backfill for these funds will be reduced by $1.2 billion. This will avoid reductions in realignment revenues at the local level.

- **Medi-Cal** – The overall reduction in funding for Medi-Cal is proposed at approximately $1.1 billion.

- **Disproportionate Share Hospital (DSH) "Administrative Fee"** – increases the DSH Administrative fee by an additional $31 million (on top of the $55.2 million increase in the January budget), for a total administrative fee of $115.9 million. This $31 million increase will result in a $2 million loss to San Francisco General Hospital.

- **Selected Optional Benefits** – eliminates adult dental services, psychology, medical supply services, independent rehabilitation center, acupuncture, occupational therapy, podiatry, and chiropractic, for a savings of $526 million – $263 million GF. The Department is in the process of quantifying the revenue impact this provision will have in the coming fiscal year.

- **Provider Rate Reductions** – reduces provider rates to levels in place when the Governor took office, for a savings of $94 million – $47 million GF. Rates related to long-term care and children's services will not be impacted. Specifics on what rates will be reduced are not yet known.

- **Quarterly Status Reports** – reinstates Medi-Cal quarterly status reporting, for a savings of $310.8 million – $155.4 million GF. Statewide, this is expected to reduce the average monthly Medi-Cal beneficiaries by 247,000. Children will not be affected.

- **Two-Parent Working Families** – rescinds expansion to 100% of the federal poverty level (FPL) and return eligibility to 67% of FPL, for a savings of $184.2 million –d $92.1 million GF. Statewide, this is expected to reduce the average monthly Medi-Cal beneficiaries by 146,000.

- **Express-Lane Eligibility** – defers express-lane eligibility expansions to July 2005, for a savings of $51.6 million – $25.8 million GF.

- **Pharmacy Reimbursement** – rescinds prescription drug reimbursement increases dating from January 1, 2000, for a savings of $23.8 million – $11.9 million GF.

- **Dental Services for Children** – limits dental cleanings and basic exams for children to one visit annually, for a savings of $7.9 million – $4 million GF.

Mental Health –

- **Systems of Care** – eliminates both Adult and Children's Systems of Care programs, for a savings of $42.6 million. This would eliminate the Children's System of Care program in San Francisco and reduce the Department's revenues by $1 million.

- **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and Therapeutic Behavioral** Services (TBS) – requires counties to assume a 10 percent share of cost for growth in these programs, for a savings of $35 million. This would reduce the Department's revenues by approximately $80,000.

- **AB 34/2034 Programs** – reduces the budget for programs serving the homeless mentally ill by $10 million, leaving $55.6 million for this program. This proposal is not anticipated to affect San Francisco's AB 2034 program as the budget proposes to eliminate unspent funds.

- **Managed Care Rates** – rescinds Medi-Cal rate increases provided in 2000-01 for psychologists and psychiatrists, for a savings of $5.6 million.

Healthy Families

- **Parent Expansion** – there was no mention of the Healthy Families parent expansion in the May Revise. The Governor has expressed his support of the parent expansion if the Legislature can find the estimated $265 million to fund it.

- **Coverage Bridge** – includes $2.6 million to establish a two-month Healthy Families to Medi-Cal coverage bridge.

Child Health and Disability Prevention Program (CHDP)

- **Gateway to Comprehensive Health Care** – includes $2.7 million to develop an Internet pre-enrollment application to streamline enrollment from CHDP into Medi-Cal and Healthy Families.

Both the Senate and Assembly Budget Subcommittees on Health have met since the Governor released his May Revision. Each house restored many of the health cuts contained in the Governor's budget. However, the challenge now will be to fund the proposals the Legislature has indicated it would support. The Department will continue to work closely with the Mayor's Office and with our statewide partners to minimize cuts to the health care safety net.

CHN Patient Flow Project

Under the leadership of co-chairs Gene O'Connell and Barbara Garcia, a CHN Patient Flow Committee was established to realize the Department's goal of eliminating psychiatric administrative days at San Francisco General Hospital by August 1, 2002. As a result of cross-departmental coordination and the evaluation of policies and practices, administrative days at SFGH between January and April 2002 dropped 59 percent – despite a 28 percent increase in hospital admissions.

Youth United Through Health Education (YUTHE)

Tomorrow night at 10 PM, MTV will be airing a documentary on Youth United Through Health Education (YUTHE) Program, a peer-led HIV/STD Prevention program within the Department's STD Prevention & Control Services Unit. Each year, the YUTHE Program reaches more than 4,000 at-risk youth between the ages of 12 and 22 years of age. The YUTHE staff conducts single session groups, community-based street outreach, venue-based group events and risk assessments in high neighborhoods with high rates of STDs. The YUTHE Program was chosen to represent California because it is widely recognized as a model peer-led program serving youth at risk for HIV/STDs.

Prevention Messages at Bay to Breakers Expo
Through a series of fortunate occurrences, the Department was offered an opportunity to exhibit (free) at this year's Bay to Breakers Expo at Bill Graham Auditorium. Within a very short time, Isabel Auerbach, Perinatal Outreach/Health Education Training Center, was able to pull together a lively booth with the help of many Departmental staff and featuring a variety of prevention programs. An estimated 30,000-40,000 people attended the two-day Expo. Those who stopped at the DPH booth were drawn in by posters from traffic safety, family planning, dental health and disaster preparedness. Giveaways included "Chill" antenna balls, family planning calendars, and condoms. The booth also distributed information on prenatal health, car seats, sudden infant death syndrome, mold, adult immunizations, and safe sex. This Commission would be proud of the speed and the team spirit that fueled this last minute and highly successful outreach. We are grateful to everyone who dropped other projects and made this event happen.

Chlamydia Reduction Project
Earlier this month, the Department launched the West Hunter's Point Chlamydia Reduction Project. In response to high rates of chlamydia in African-American youth and young adults, the project will screen 2,500 African-Americans between the ages of 14 and 25. The three-month project is a collaborative between the Providence Foundation, the Health Department and youth serving agencies in the Bayview area of the City.

Tobacco Free Project
The Tobacco Free Project has produced a 30-second television advertisement to demonstrate the hazards of smoking in a car, particularly for children. The ad shows that after lighting one cigarette inside the car, the concentration of particulate matter – small, lung-damaging particles contained in tobacco smoke – increased more than 100 times with the windows rolled up. With the ventilation turned off, the concentration increases by a factor of 350. The ad will be aired 567 times between June 3 and 23 on cable TV programs such as Fox News, Arts and Entertainment, CNN Comedy Central, Lifetime, VH1 the Food Network and Discovery Channel.

Adolescent Health Coordinator Hired
Iman Nazeeri-Simmons, MPH, will join the Department on June 3, 2002 as Coordinator for the newly created Office of Adolescent Health. As Coordinator, Ms. Nazeeri will help DPH address the health needs of adolescents in San Francisco, coordinate youth services inside the Department and with other city agencies and the community, and promote emerging adolescent health policies for San Francisco.

Departure of Wayne Clark, Ph.D.
Wayne Clark, a senior administrator in Community Mental Health Services (CMHS) has been selected as the new Director of Behavioral Health Services for Monterey County. Wayne worked at the Department for 28 years, serving as Director of the Alcoholism Evaluation and Treatment Center, Director of Substance Abuse Services, and most recently as Executive Team member in CMHS. Wayne assumed his new duties on May 6th.

StopHep Works out at Gold's Gym - Hepatitis Prevention for MSM Underway
Tomorrow, the Communicable Disease Prevention Unit will officially launch the StopHep campaign in an effort to raise hepatitis A and B vaccination rates in the gay and bisexual community. Gay and bisexual men are at increased risk for both hepatitis A and B. Even though safe and effective vaccines are readily available for both diseases, less than 16% of MSM have been vaccinated for hepatitis A and less than 20% have been vaccinated for hepatitis B. The prevention campaign will utilize several components, including: public service announcements; discounted vaccinations at Gold's Gym in the

Castro on Wednesday and Thursday evenings from 4 PM to 7 PM; a press conference at Gold's Gym, distribution of flyers in the community, and an educational component for public and private medical providers.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT

May 2002
Health Commission – Director of Health Report
(From 05/02/02 MEC and 05/13/02 JCC)

	05/02	(a) 2002 YTD
New Appointments	13	76
Reinstatements	0	0
Reappointments	36	185
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	15	100
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Section 1.02 Changes in Privileges		
Additions	0	2
Voluntary Relinquishments	1	5
Proctorship Completed	37	60

Section 1.03 Current Statistics – as of 05/01/02

Active Staff	375
Affiliate Professionals (non-physicians)	127
Courtesy Staff	479
Referring Staff	42
Total Members	1023

Applications In Process		90
Applications Withdrawn Month of April 2002	2	ytd13
SFGH Reappointments in Process June or Oct. 2002		195

Anne Kronenberg introduced Susan Jacobson, Executive Director of the San Francisco General Hospital Foundation, and Dr. Grossman, President of the Board of the San Francisco General Hospital Foundation. Ms. Jacobson and Dr. Grossman presented the commissioners with mounted emergency disaster preparedness maps.

Commissioners' Comments

- Commissioner Guy said it is important to observe that the State contributes very little to the Department's supportive housing services, and a main goal of the Department and the Commission is to increase State support. The cuts in the Governor's May Revise will lead to even more homeless families.

- Commissioner Umekubo commended Gene O'Connell and Barbara Garcia for the improvement in Psychiatric admission days.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MAY

This item was continued to the June 4, 2002 Health Commission meeting.

6) PRESENTATION OF THE EMERGENCY MEDICAL SERVICES AWARDS

Commissioner Chow presented the 2002 Emergency Medical Services Awards to the following individuals:

EMS Field Provider Award:	Kevin Chocker, EMT-P, San Francisco Fire Department
EMS Hospital Provider Award:	Richard Naidus, M.D., St. Francis Hospital
EMS Community Member Award:	Mike Sugarman, KCBS Radio 74
Raymond Lim Excellence in EMS Award:	David Floersch, EMT-P, San Francisco Fire Department

7) EMERGENCY MEDICAL SERVICES (EMS) SECTION PRESENTATION

Dr. John Brown presented the Emergency Medical Services (EMS) Section presentation. Dr. Brown highlighted the major accomplishments of the EMS system during the past years:

- Increasing deployment of the Rapid Paramedic Response System by the San Francisco Fire Department. There are now an average of 8-10 fire engines deployed daily with paramedics on their crews.
- Enhancements to EMS Communications. All ambulances (BLS and ALS, public and private), hospitals, public safety agencies and the Emergency Communications Department are communicating with each other on the same radio system every day.
- The increasing enrollment in the Disaster Registry Program for senior and disabled persons (currently more than 4,700 individuals).
- The increasing number of Public Access Defibrillation programs (33 are now in operation in the City and County of San Francisco).
- Extensive evaluation of the Field Care Clinic System put in place for the Millennium event mass gathering New Year's Even 1999-2000.

Dr. Brown highlighted the EMS System response intervals (time from the initial call to the arrival of the vehicle to the location of the victim), which is one area where they are making slow progress but he is not yet satisfied. The EMS system has made demonstrative improvements in the Code 2 response times but the Code 3 response is still over ten minutes, although just barely. ("Code 3" means red lights and sirens; "Code 2" means no lights or sirens.) Further progress is needed, and this demonstrates the importance of the full implementation of the Rapid Paramedic Response System—this is the key for San Francisco to get its response interval under the standard.

Dr. Brown updated the Commission on the status of the EMS helipad at San Francisco General Hospital. This has been through a strategic planning process and incorporated into the Trauma Plan. Currently helicopters will land at Pier 94, which is a non-permitted temporary facility. As of July 1st this will no longer be an option. Staff has negotiated an MOU with SFPD to use their site at Hunters Point, and this facility should be in place by July. An issue is that this facility is 10-30 minutes away from the hospital by ground transport. The ideal situation is to have helicopters go directly to the hospital. Dr. Brown said a vendor was selected through an RFP process to perform the feasibility study for the helipad at SFGH. This will be a long process and they could use the Commission's support throughout the process.

Dr. Brown highlighted a conclusion in the report that they did not find any evidence for the routine use of field care clinics for mass gathering events. They are working with the Police Department on the permitting process for mass gathering events to ensure that all events have an EMS plan. Field care clinics are very valuable as a disaster resource, but not in their specific use for mass gathering events.

Commissioners' Comments

- Commissioner Umekubo asked Dr. Brown's opinion of the private hospitals' state of disaster preparedness. Dr. Brown said they have come a long way since September 11th. UCSF, the Kaiser System and Sutter hospitals have been participating in events and drills. Dr. Brown emphasized the need for a citywide drill with all of the hospitals and emergency response entities in San Francisco. Until there is this type of exercise, we cannot see how well prepared we are. Commissioner Umekubo said that one of the concerns among the chiefs of staff is the communications link with the EMS command center during an emergency—how many beds they have available, their capacity to handle patients, etc. Dr. Brown said hospitals are able to communicate this data through the HART system. However this information is from the emergency departments and the question remains how to communicate with the rest of the hospital staff.

- Commissioner Parker asked Dr. Brown to more fully describe the public access defibrillator program. Dr. Brown replied the model is that a facility sponsors the program, purchases and maintains the equipment over a period of time train staff on the use of the devices. In addition, the defibrillators are place in a public area and available for members of the public to use. The American Heart Association CPR training includes training on these devices.

- Commissioner Jackson asked if there are areas in San Francisco that are difficult for helicopters to land in. Dr. Brown replied that the areas of the city that are the most difficult to reach are on along the beach and cliffs along the north and west sides of the city. Commissioner Jackson asked if there is a shortage of paramedics in San Francisco. Dr. Brown said he could not give specific information. The Fire Department has detailed information about the paramedic workforce, including retirement statistics, recruiting new paramedics, cross training paramedics and fire fighters, etc. In the Bay Area there is a high demand for paramedics that contributes to the shortage, which he believes is significant. Dr. Brown is concerned for the future because the number of EMS calls is slowing increasing. The city needs to stay proactive.

- Commissioner Guy asked what challenges the EMS System is facing, particularly in the aftermath of September 11th. Do our objectives need to be changed as a result of September 11th and how does the EMS system ascertain the validity of terrorism threats when they have become much more frequent? Dr. Brown said that things that enhance overall disaster capability—a good communication system, a good command. control system, etc —are the most important things and will benefit San Francisco no matter what the challenge is, be it an earthquake or bioterrorism. A positive outcome has been the disaster awareness culture that has developed. There has been a lot more interest from the Department and the public about training and preparation. As an example, the emergency preparedness map is very popular. Capacity issues need to be evaluated to determine how they can be used in the event of a disaster, for example the VA-Fort Miley site. He said the money from the federal government is starting to be dispersed to local governments.

- Commissioner Chow said that the Health Commission strongly supports a helipad at San Francisco General Hospital. It is a vital component of the trauma program. He asked that the discussion around the future of the field care clinics be referred to a joint conference committee. He is concerned that as we add more ambulances the response times have not decreased. Dr. Brown said they saw some improvements in Code 3 calls when Rapid Paramedic Response System was implemented. Commissioner Chow asked for an analysis of the response times, with a progress report to the joint conference committee within the next three months. Dr. Brown added that this report could include an update on the Rapid Response Paramedic Pilot Program.

8) TIME SPECIFIC: 4:30 P.M.

PROPOSITION Q (HEALTH CARE PLANNING ORDINANCE) HEARING

St. Mary's Hospital withdrew its request for a Proposition Q hearing because they no longer intend to close the outpatient pharmacy at the Sister Mary Phillipa Health Center (Attachment B).

9) PUBLIC COMMENTS

Patrick Monette-Shaw – attended yesterday's Ryan White Care Council meeting. He has several problems with the contract with LaFrance Associates. They were required to do 800 surveys, and only did 71% of this. Also, only 28 of 54 providers who were sent surveys completed the survey. Surveys are two months overdue. Grand prizes have not been issued. Peer reviewers have not sent back their comments on the report. The report is two months overdue and is impeding the work of the CARE Council.

10) CLOSED SESSION*

*Continued from May 7, 2002

This item was continued to the call of the chair.

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $18,800, Mariano v. CMHS and SFUSD, Special Education Hearing Office, State Department of Education, Case Nos. SN 02-00356 and SN 02-00632

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

11) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission went into closed session at 5:00 p.m.

Present in closed session were the Commissioner Chow, Commissioner Guy, Commissioner Jackson, Commissioner Parker Commissioner Umekubo, Deputy City Attorney Jane Richardson, Robert Thomas, Gene O'Connell, Anne Kronenberg and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $20,000, Lurati v. CCSF, California Department of Fair Employment and Housing, Charge No. E200001

Action Taken: The Commission (Chow, Guy, Parker, Umekubo) approved the settlement of $20,000 for Lurati v. CCSF, California Department of Fair Employment and Housing, with Commissioner Jackson abstaining.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:14 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).).

Action Taken: The Commission voted not to disclose any discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 5:15 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

Health Commission Update
May 18, 2002

Black Coalition on AIDS

Unacceptable/Needs Improvement Issues - 2001	Staff Recommendations	Progress to date 2002
Process Objective: The program did not provide information on the process objectives.	It is requested that all programs provide information on their progress in meeting the process objectives during each monitoring period.	The program achieved its process objectives and outcome objectives for the Single Session Groups, and Individual Outreach and Group Outreach during this monitoring period, and reported on time. The 2002 monitoring reports indicate a rating of acceptable. Continued progress is a shared goal of the BOOA and the AIDS Office.
Outcome Objective: Program did not include statistics in this report on the outcome objective.	It is recommended that the program continue working with the organizational Development and Technical Assistance (OD/TA) consultant at Compasspoint on how to document the delivered services into program reports, including Units of Service and Number of Clients.	The program has exceeded the delivery unit of services and number of clients. This year monitoring reports reflects an improved rating of acceptable.

Glide Foundation Health Service

Unacceptable/ Needs Improvement Issues 2001	Staff Recommendations	Progress to date 2002
Staff Consistency	Staff recommends strategies to enhance and maintain consistent staffing.	Successfull merger of AIDS Program with Glide Health Services allows for better and more consistent supervision and selection and training of staff.

Note: Progress was reported to the Health Commission Joint Conference Committee on 12/10/01. Committee accepted progress and indicated no further reports until 2002 monitoring report.

St. Mary's Medical Center
CHW

450 Stanyan Street
San Francisco, CA 94117-1079
415 668 1000 Telephone

May 15, 2002

Ms. Michele Olson
Secretary
San Francisco Health Commission
101 Grove Street, 3rd Floor
San Francisco, CA 94102

Dear Ms. Olson:

I am writing to inform the Health Commission that St. Mary's Medical Center is withdrawing its request for a Proposition Q hearing, which was scheduled for May 21, 2002. The Prop Q item was the proposed closure of the pharmacy at the Sister Mary Philippa Health Center (SMP).

After reviewing the implications of the closure and the hospital's strong commitment to serving the needy, we decided to maintain the services at the SMP pharmacy. Please note that the pharmacy will continue to serve the same patient population and will not reduce the number of patients served. However, as we finalize our 2003 budget, we may be need to reduce the daily operating hours by several hours per week.

I hope that this cancellation does not create any difficulties for you or the Commission. If you have any questions or comments, please do not hesitate to call me directly at 415-750-5798.

I greatly appreciated your assistance and attention to this matter.

Sincerely,

Ken Steele
President

cc: Mitch Katz, M.D.
Director of Public Health

A Member of Catholic Healthcare West

Attachment B

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Government Inf. Center (2)
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100 Larkin Street, 5th Floor
San Francisco, CA 94102

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al Public Hearing

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

NOTICE

SPECIAL PUBLIC HEARING

HEALTH COMMISSION

Tuesday, May 21, 2002
Time Specific: 4:30 p.m.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

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Public hearing, in accordance with the Health Care Planning Ordinance (Proposition Q – 1988), to consider the impact of the following change on health care services of the community at St. Mary's Medical Center:

- ***Closure of the Pharmacy at the Sister Mary Philippa Health Center***

Persons unable to attend this public hearing may submit written comments to the Health Commission President, Commissioner Edward A. Chow, M.D., at 101 Grove Street, Room #311, San Francisco, CA 94102.

(Posted May 10, 2002)

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D.
President

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, June 4, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MAY 21, 2002**
**Minutes of May 21, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **PHP-Mental Health/Substance Abuse – Bayview Hunters Point Foundation for Community Improvement Inc. Contract Status Report**
**Update, Minutes from the November 20, 2001 Health Commission Meeting*

(3.2) **PHP-Health Promotion** – Request for approval of a retroactive contract renewal with San Francisco Study Center in the amount of $138,043, for a total revised contract amount of $489,394, to provide technical assistance and support services for the DPH African American Health Initiative, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo*

(3.3) **PHP-AIDS Office** – Request for approval of new FY 2002-03 San Francisco City and County General Fund and State of California funded, AIDS Office HIV Prevention Section contracts for a total of $5,239,394, for the period of July 1, 2002 through June 30, 2003, for services awarded through RFP 017-2001, targeting defined behavioral risk populations with the following agencies:

AGUILAS, Inc.	$334,418
Asian Pacific Islander Wellness Center	$8,400
Black Coalition on AIDS	$144,469
Haight Ashbury Free Clinics, Inc.	$605,727
Harm Reduction Coalition	$157,337
Iris Center	$212,137
Larkin Street Youth Center	$190,968
Lavender Youth Recreation and Information Center (LYRIC)	$141,000
San Francisco AIDS Foundation	$1,002,738
SFDPH Public Health Laboratory	$310,069
South of Market Health Center – Filipino Task Force on AIDS	$128,801
Stop AIDS Project	$875,871
Tenderloin AIDS Resource Center	$478,226
UCSF/AIDS Health Project	$513,931
Westside Community Mental Health Center	$135,302
	$5,239,394

** Calendaring request memo, List of Agencies and Service Descriptions, List of Agency's Boards of Directors*

(3.4) **PHP-AIDS Office** – Request for approval of a new retroactive sole source contract with the Regents of the University of California, UCSF-Center for AIDS Prevention Studies, in the amount of $150,000, to provide health program planning services targeting and gay and bisexual men, for the period of January 1, 2002 through June 30, 2002.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MAY**
**List of Awardees*

**CONTINUED FROM THE MAY 21, 2002 HEALTH COMMISSION MEETING

6) FOR DISCUSSION: **PRESENTATION OF THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES' COMMUNITY NEEDS ASSESSMENT**
(Brenda Lopez, Director, Department of Children, Youth and Their Families)
**Update*

7) **PUBLIC COMMENTS****

8) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $250,000 for Cecelia Wade vs. City and County of San Francisco et al, Federal Court Case No. CO1-3165 (MJJ)

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).). (Action Item)

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 4, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The Health Commission meeting was called to order by Commissioner Lee Ann Monfredini at 3:10 p.m.

Present:	Commissioner Arthur M. Jackson Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Ph.D. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Edward A. Chow, M.D., President Commissioner Roma P. Guy, M.S.W., Vice President

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MAY 21, 2002

Action Taken: The Commission (Jackson, Monfredini, Parker, Sanchez, Umekubo) approved the minutes of the May 21, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired and Commission Monfredini and Commissioner Umekubo attended the Budget Committee meeting.

(3.1) **PHP-Mental Health/Substance Abuse** – Bayview Hunters Point Foundation for Community Improvement Inc. Contract Status Report

Barbara Garcia presented the status report, and highlighted the outcomes of the work with the Bayview Hunters Point Foundation (BVHPF). The last status report noted an overall improvement in the agency's vacancy rates, which was one of the core performance objectives. In April she met with the Mayor, agency staff and labor representatives and negotiated with BVHPF management an effective priority process that substantially lowered the vacancy rate. The agency has still struggled with the Tenderloin Clinic and the Clubhouse, and Department staff made the decision to transfer these programs to another provider. They are determining what process will be used to select the new provider.

BVHPF has continued to do a good job providing substance abuse services.

The Department recommends that BVHPF submit quarterly reports rather than the monthly reports that had been required.

Commissioners' Comments

- Commissioner Monfredini agreed that it is time to go from monthly to quarterly reporting. Commissioner Monfredini expressed her displeasure for the record that there were no representatives from Bayview Hunters Point Foundation at the meeting.

(3.2) **PHP-Health Promotion** – Request for approval of a retroactive contract renewal with San Francisco Study Center in the amount of $138,043, for a total revised contract amount of $489,394, to provide technical assistance and support services for the DPH African American Health Initiative, for the period of July 1, 2001 through June 30, 2002.

(3.3) **PHP-AIDS Office** – Request for approval of new FY 2002-03 San Francisco City and County General Fund and State of California funded, AIDS Office HIV Prevention Section contracts for a total of $5,239,394, for the period of July 1, 2002 through June 30, 2003, for services awarded through RFP 017-2001, targeting defined behavioral risk populations with the following agencies:

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	$5,239,394

(3.4) **PHP-AIDS Office** – Request for approval of a new retroactive sole source contract with the Regents of the University of California, UCSF-Center for AIDS Prevention Studies, in the amount of $150,000, to provide health program planning services targeting and gay and bisexual men, for the period of January 1, 2002 through June 30, 2002.

Action Taken: The Commission (Jackson, Monfredini, Parker, Sanchez, Umekubo) approved the Budget Committee consent calendar, with Commissioner Sanchez abstaining from voting on Item 3.4.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Mayor's FY 2002-03 Budget Transmitted to the Board

The Mayor transmitted his final FY 2002-03 budget to the Board of Supervisors yesterday. The budget incorporates many of the program initiatives that were approved by the Health Commission in its budget review this past Spring. In the beginning of the budget process, the City's deficit was estimated at $175 million. The Mayor and his staff were successful in reducing the gap to $130 million on April 1st, when the Mayor transmitted his preliminary budget. The Mayor and his staff further reduced this deficit by closing out special funds, refinancing capital projects, using alternative financing mechanisms to support ongoing operations, increased use of cash reserve, and making expenditure reductions. These efforts brought the deficit down to $30 million. The Mayor and the President of the Board of Supervisors then began negotiations with the labor unions to re-open employee MOU's in order to reduce the City's contribution to employees retirement by 2.75%. Most of the unions agreed to this proposal in exchange for a commitment, that of no layoffs within these bargaining units. These efforts further reduced the deficit by $17 million, leaving a final deficit of $13 million. In order to finally balance the budget, the Mayor balanced the remainder of the deficit by making expenditure and service reductions, including some in the Department of Public Health.

Also, the Mayor's budget includes a $20 million reserve to offset revenue reductions that are likely to occur once the State budget is approved later this summer. This reserve will allow the Department to request backfill of funding that may be reduced from the changes to MediCal revenues and other reductions to State funded health programs.

Even with some reductions to Department expenditures, the proposed budget for the Department for FY 2002-03 is $1.030 billion, which reflects an increase of $47 million from the current budget of $982 million. Highlights of the budget includes:

- 5.5% cost of living increase to civil service employees;
- Increase census at SFGH by 22 beds;
- Increase pharmacy cost to reflect current volume and costs;
- Increase trauma service capacity at SFGH;
- Increase grant funds of $14 million, including HIV surveillance and prevention, TB ad STD prevention and control, maternal and child health, health promotion, and mental health services expansions;
- Increase to state funded children's mental health services and annualization of adult programs;
- Increase to Jail Psychiatric Services to maintain current year services;
- Increase to maintain funding for Single Room Occupancy Fire Prevention collaboratives;
- Increase of general funds match to HIV prevention grant from Dupont.

Other services were reduced from the Department's original budget submission. They include:

- Contracting out the laundry services at Laguna Honda for a savings of $1.2 million;
- Reductions of nursing enhancements to Laguna Honda Hospital of $2.2 million;
- Reductions of $3 million to salaries, reducing Department's vacant positions by 42 FTE's;
- Deletion of urgent care expansion of $338,000;
- Deletion of substance abuse treatment funding for programs not yet begun in FY 01-02 by $1.4 million;
- Deletion of contract funds for programs that have been underutilized in substance abuse treatment system by $1.5 million;
- Deletion of mental health inpatient, skilled nursing, and outpatient services by $500,000;
- Deletion of adult day health and acupuncture contract services by $100,000.

It should also be noted that the budget does not include a cost of living for contractors or for the UC contract, nor does it restore funding to remaining many add-backs that were deleted from the base budget.

The Board of Supervisors held its first hearing on the Mayor's final budget today, and will hold additional hearings on the budget over the next month. The Board of Supervisors is expected to make some changes to the Mayor's budget to reflect the Boards priorities. Additionally, the Budget Analyst to the Board of Supervisors will analyze the City's expenditures over the next two weeks, and make further recommendations to reduce the City's budget. These funds are often used by the Board to restore programs or enhance services.

The next hearing of the Board of Supervisors on the Department's budget is scheduled for June 19th at 1:00 p.m. DPH will continue to keep the Health Commission apprised of the changes made until the budget is finally adopted.

Baldwin House Hotel Fire

A 3-alarm fire broke out at the Baldwin House Hotel at 74-- 6th Street Sunday morning at 4:04 a.m. The Baldwin House is five-story SRO with over 200-room. The fire had no fatalities, but two residents were brought to the hospital for smoke inhalation. The Baldwin Hotel is home to many seniors, and people with both mental and physical disabilities. An emergency shelter was established at the 6th and Folsom Recreation and Park facility. The Red Cross registered about 170 people in the shelter. The initial health concerns were mental health support and replacing lost medications. Special thanks to Barbara Garcia, Steve LaPlante, Charlie Morimoto, LaDonnis Elston, Josh Bamberger and Carol Baillie for the prompt and effective response. DPH staff has been instrumental in the coordination of services and addressing the physical and mental health needs of these residents.

Advanced Access Pilot

Primary Care is exploring the potential of piloting "Open Access," a highly successful patient scheduling system, with the support of DPH and the UCSF Medical Staff. The system leaves 50% or more of providers' schedules open so that patients who call for an appointment are given the option of being seen by their Primary Care Provider or a member of their Provider Team on the same day. Based on results of Open Access programs nationwide, this data-driven system has resulted in elimination of new appointment backlogs and the need for triage nursing, as well as significant reductions in ER and urgent care visits and in no-show rates. A Steering Committee will be set up to guide this process.

Vickie Wells Named AIHA Fellow

Twelve members of the American Industrial Hygiene Association (AIHA) who made significant contributions to the practice of industrial hygiene or related disciplines were awarded Fellow classification. One DPH staff, Vickie Wells, Director of Occupational Safety and Health, was an award winner.

The American Industrial Hygiene Association (AIHA), founded in 1939, is the world's largest association of occupational and environmental health professionals, and its members play an important role on the front line of worker health and safety. The 12,000 members come from government, labor, industry, academia, and private business. AIHA is the most diverse professional association dedicated to the improvement of the health and well being of workers, the community, and the environment.

Coordinator for Office of Adolescent Health

DPH welcomes Iman Nazeeri-Simmons, MPH, as Coordinator for the newly created Office of Adolescent Health. As Coordinator, Ms. Nazeeri-Simmons will help DPH address the health needs of adolescents in San Francisco, coordinate youth services inside the Department and with other city agencies and the community, and promote emerging adolescent health policies for San Francisco.

Iman most recently worked as the Violence Prevention Specialist at the University of California, Berkeley, where she provided violence prevention programming for a student population of over 30,000. Iman is also a lecturer in the School of Public Health at UC Berkeley, where she teaches an undergraduate course *Race, Ethnicity and Health in America.*

Commissioners' Comments

- Commissioner Jackson asked for a further explanation of the $500,000 reduction to inpatient mental health. Dr. Katz said it is in the areas of fee for service with private providers, use of IMD beds and use of fee for service hospitals. Dr. Katz said that Mental Health has been successful in decreasing the use of fee for service hospitalization by moving people more rapidly into other residential care facilities such as the Broderick House.

- Commissioner Parker asked if the cause of the Baldwin House Hotel fire has been determined. Anne Kronenberg said that the cause is under investigation. Commissioner Parker asked if the Department monitors safety systems, smoke alarms, etc. Ms. Kronenberg said that the Environmental Health Division inspects the hotels—both public and private—but the number of annual investigations does not cover all the facilities. Commissioner Parker asked when the hotel would reopen. Ms. Kronenberg replied that it is too early to tell when it will be able to be reoccupied. Rarely can people get back in before six months, and it can often be a couple of years. The SRO Task Force has made considerable strides. There was only one fire in the last year that required opening a shelter. But there still needs to be improvement.

Commissioner Monfredini presented a certificate to Larry Doyle in recognition of 36 years of service to the Department of Public Health. The Commission wished him will in his retirement.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MAY

Commissioner Umekubo presented the Employee Recognition Awards for the month of May.

Individual Awardee	Division	Nominated by
Delores Junior	DPH/Environmental Health, Hazardous Materials Unified	Sue Cone, Program Manager, Hazardous Materials Program Agency

Team Awardees	Division	Nominated by
Nelly Rodriguez Diane Mai Tran	San Francisco General Hospital, Human Resource Services, Labor Relations Division	Robert Thomas, Departmental Personnel Officer

Commissioner Jackson left the meeting.

6) RESENTATION OF THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES' COMMUNITY NEEDS ASSESSMENT

Brenda Lopez, Director, Department of Children, Youth and Their Families (DCYF) presented the Department of Children, Youth and Their Families' draft Community Needs Assessment. This process is mandated by Proposition D. This is the culmination of 11 community focus groups from the supervisorial districts. The report shows a series of indicators that came from the Mayor's Children's Cabinet, which is a group of department heads that convenes on a bimonthly basis to coordinate existing services and resources. One of the goals of DCYF is to have more strategic efforts around new initiatives.

Ms. Lopez discussed some of the projects DCYF collaborates with the Department of Public Health on, including jointly-funded satellite health clinics, the high school wellness centers, the adolescent health coordinator and the high-quality childcare initiative, among others. DCYF recently approved $900,000 for Universal Health Care.

The next step in the Proposition D process, after the Community Needs Assessment is finalized, is to develop a resource allocation plan. Then the RFP process in 2004 will be aligned with the allocation plan.

Ms. Lopez summarized the four Quality of Life benchmarks: children and youth are healthy; children and youth are ready to learn and are succeeding in school; children and youth live in safe, supported families and safe, supported viable communities; and children and youth contribute to the growth, development and vitality of San Francisco. Ms. Lopez then discussed the indicators that are specific to DPH, which include prenatal care, asthma, trends around middle school youth risk behaviors of tobacco alcohol and other drug use and trends in high school youth risk behaviors such as sexual behaviors that lead to unintended pregnancies and STDs.

Overall Recommendations

- Expend significant resources to reduce the racial/ethnic disparity and inequity among San Francisco's children, with a focus on African American, Latino, Vietnamese and Filipino youth.
- Provide services and opportunities appropriate to each community's cultural and neighborhood norms.

- Conduct exhaustive and continuous outreach and public awareness efforts for services and opportunities.
- Integrate services so as to address simultaneous and complex needs.
- Evaluate all city-funded youth programs to ensure that they achieve stated outcomes and provide meaningful services and opportunities as determined by youth and families.

Commissioners' Comments

- Commissioner Sanchez asked as this plan is implemented, how will the Board of Education and the Superintendent of Schools be involved, and how will they become part of the dialogue. Ms. Lopez replied that it is an age-old problem of turf and barriers, but people are engaged and at the table.

- Commissioner Parker asked how this plan would address prevention services that address such things as dropout rates, tobacco use and teenage pregnancy. Ms. Lopez responded that DCYF does not provide direct services—they fund agencies, they convene, they plan, they empower and they go after grants. They fund many agencies throughout the city that provide intervention and prevention services.

7) PUBLIC COMMENTS

Elizabeth Frantes, C.H.A.M.P. is gone, and people no longer have their medication at Laguna Honda Hospital. C.H.A.M.P. was there for her when no other program was. Many people have lost their community space, and a lot of people are scared and frightened. She thinks that an upcoming rally at the Federal building is a set up to make them look bad.

37311311156099726510641355103926011091107825 (numerical coefficient of his name) – spoke about staffing at 481 O'Farrell for the senior center meals program. One of the women who works there has no business being in a position of responsibility.

8) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Monfredini, Parker, Sanchez, Umekubo) voted to hold a closed session.

The Commission when into closed session at 4:05 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Parker, Commissioner Sanchez, Commissioner Umekubo, Mitch Katz, M.D., Gene O'Connell, Hiroshi Tokubo, Alison Moed, Deputy City Attorney Jason Gonzalez and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $250,000 for Cecelia Wade vs. City and County of San Francisco et al, Federal Court Case No. CO1-3165 (MJJ)

Action Taken: The Commission (Monfredini, Parker, Sanchez, Umekubo) approved the $250,000 settlement for Cecelia Wade v. City and County of San Francisco et al.

D) Reconvene in Open Session

The Commission reconvened in open session at 4:33 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).).

Action Taken: The Commission (Jackson, Monfredini, Parker, Sanchez, Umekubo) voted not to disclose discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 4:34 p.m.

Michele M.

Michele M. Olson
Executive Secretary to the
Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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6/18/02

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

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Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

Tuesday, June 18, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JUNE 4, 2002**
**Minutes of June 4, 2002*

3) **PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **Central Administration-MIS** – Request for approval of a sole source software maintenance agreement renewal with The Echo Group in the amount of $411,597, to provide ongoing system maintenance and application support services for the INSYST software application used by Community Mental Health Services, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary*

(3.2) **Central Administration-MIS** – Request for approval of a sole source software maintenance agreement renewal with InfoMC in the amount of $254,160, to provide ongoing system maintenance and application support services for the CCURA3 software application used by Community Mental Health Services, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary*

(3.3) **CHN-SFGH Pharmacy** – Request for approval of contract renewals with the following two firms: Asereth Medical Services, Inc. and *Rxrelief,* for a combined total amount of $1,200,000 to provide as-needed supplemental pharmacy personnel services to the Community Health Network for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary*

(3.4) **CHN-SFGH Radiology** – Request for approval of a contract modification with The Registry Network, Inc. to reduce the amount of the contract from $700,000 to $395,000 to provide as-needed, professional radiology technologists, with on-call availability 7 days a week for the period of September 1, 2001 through August 31, 2003.
** Calendaring request memo*

(3.5) **CHN-SFGH Radiology** – Request for approval of a new sole source contract with Medical Contracting Services, Inc., to provide intermittent, as-needed, traveling professional radiology technologists in the amount of $175,000 for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo*

(3.6) **CHN-Facilities Management** – Request for approval of contract modifications with the following fourteen (14) firms: Acker & Guerrero Roof Co., Inc., Adolph Schmidt General Contractors, Agbayani Construction, Inc., Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly, Inc., Ayoob & Peery Plumbing, Baca & Sons Painting, Floortrends Inc., McClure Electric, Inc., Monticelli Painting & Decorating, Inc., Robert Poyas, Inc., Sabel Painting Co., Sierra Electric Co. and The Shooter Co., to increase the combined contract amount by $2,000,296 from $5,987,500 to $7,987,796, to provide intermittent, as-needed facility maintenance services above baseline civil services staffing and extend the current contract period of July 1, 2000, through June 30, 2002, by six (6) months through December 31, 2002.
** Calendaring request memo, Monitoring report summaries*

(3.7) **CHN-Office of Managed Care** – Request for approval of a contract renewal with San Francisco Health Plan in the amount of $3,900,000, to provide universal health insurance coverage for San Francisco children for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.8) **CHP – Community Mental Health Services** – Request for approval of a retroactive new contract with Alta Bates Summit Medical Center in the amount $15,000 for the first year and $80,000 per year thereafter in non-MediCal funds, and to share in a pool of MediCal funds of up to $4,300,000 per year, to provide inpatient psychiatric services for adults and adolescents and transitional outpatient services for adolescents for a total contract amount of $255,000 in non-MediCal funds, for the period of July 1, 2001 through June 30, 2005.
** Calendaring request memo*

(3.9) **CHP – Community Mental Health Services** – Request for approval of a new contract with Bay Area Bookkeeping in the amount of $625,000, to provide check writing services for payment to non-contract providers of the San Francisco Mental Health Plan (SFMHP) and Family Mosaic Project (FMP), for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo*

(3.10) **CHP-Primary Care** – Request for approval of a contract renewal with St. Mary Prescription Pharmacy, in the amount of $135,000, to provide as-needed pharmacy services for clients of the Youth Guidance Center and associated programs, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary*

(3.11) **CHP-Primary Care** – Request for approval of a sole source contract renewal with North of Market Senior Services, in the amount of $202,685 per year, for a total four-year amount of $810,740, to provide comprehensive primary care services to seniors, for the period of July 1, 2002 through June 30, 2006.
** Calendaring request memo, Client demographic information form*

(3.12) **CHP-Primary Care** – Request for approval to accept and expend a new one-year grant from the Franklin Benevolent Corporation, in the amount of $75,000, to support enhancement and expansion of Podiatry, Nutritionist, and Diabetic Nurse Educator services for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Grant information form, Award letter*

(3.13) **PHP-Bureau of Environment Health Management** – Request for approval to accept and expend retroactively a new grant from the State of California Department of Health Services, in the amount of $204,352, to develop and implement plans for public health preparedness and response to bioterrorism for the period of February 15, 2002 through August 31, 2003.
** Calendaring request memo, Grant information form, Budget*

(3.14) **PHP-Bureau of Environment Health Management** – Request for approval of a contract renewal with Romic Environmental Technologies, in the amount of $250,000 per year, for a total contract value of $500,000, to provide hazardous waste management and transportation services for the period of July 1, 2002 through June 30, 2004.
** Calendaring request memo, Monitoring report summary*

(3.15) **CHPP – Health Promotion Section** – Request for approval of a contract renewal with Polaris Research and Development in the amount of $150,000, to provide project evaluation services for the Tobacco Free Project, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary*

(3.16) **CHPP – Health Promotion Section** – Request for approval of a contract renewal with the San Francisco Study Center in the amount of $596,752, to provide fiscal sponsor services for the Community Capacity-Building Training Center for the Tobacco Free Project, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **HEALTHY KIDS UPDATE**
(Jim Soos, Policy and Planning)
**Update*

6) **PUBLIC COMMENTS****

7) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 18, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The Health Commission meeting was called to order by Commissioner Edward A. Chow, M.D. at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D., President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Arthur M. Jackson Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Ph.D.
Absent:	Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JUNE 4, 2002

Action Taken: The Commission (Chow, Guy, Jackson, Monfredini, Parker, Sanchez) approved the minutes of the June 4, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired and Commissioner Monfredini attended the Budget Committee meeting. Commissioner Umekubo was absent.

(3.1) **Central Administration-MIS** – Request for approval of a sole source software maintenance agreement renewal with The Echo Group in the amount of $411,597, to provide ongoing system maintenance and application support services for the INSYST software application used by Community Mental Health Services, for the period of July 1, 2002 through June 30, 2003.

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Commissioners' Comments

- Commissioner Jackson asked why *Rxrelief* charges more for licensed pharmacists than Asereth. Dr. Kotable replied that *Rxrelief* requested an increase because of the difficulty of recruiting pharmacists. Commissioner Jackson said that the next time these contracts come before the Commission for approval he wants to see the same rates for both. Commissioner Monfredini concurred.

(3.4) **CHN-SFGH Radiology** – Request for approval of a contract modification with The Registry Network, Inc. to reduce the amount of the contract from $700,000 to $395,000 to provide as-needed, professional radiology technologists, with on-call availability 7 days a week for the period of September 1, 2001 through August 31, 2003.

Items 3.4 and 3.5 were discussed together.

Commissioners' Comments

- Commissioner Monfredini asked if it was difficult to recruit and retain radiology staff because there is not the pool to recruit from or because salaries are not high enough. Mr. Sass replied that they are difficult to recruit for even with high salaries. Ms. Zmuda added that in this fiscal year the Department increased salaries for radiology technology classes by roughly 15 percent. Once this more competitive salary is in place, staff can better recruit and there will not be as high a turnover rate. And while there is a selective hiring freeze, this will not apply to this class of employees because of the lengthy waiting lists for radiological procedures, such as mammograms.

(3.5) **CHN-SFGH Radiology** – Request for approval of a new sole source contract with Medical Contracting Services, Inc., to provide intermittent, as-needed, traveling professional radiology technologists in the amount of $175,000 for the period of July 1, 2002 through June 30, 2003.

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Community Capacity-Building Training Center for the Tobacco Free Project, for the period of July 1, 2002 through June 30, 2003.

Action Taken: The Commission (Chow, Guy, Jackson, Monfredini, Parker, Sanchez) approved the Budget Committee consent calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Funding to Expand Services at Potrero Hill Health Center
The Franklin Benevolent Corporation has awarded a grant of $75,000 to Potrero Hill Health Center to support additional clinical staff in podiatry, diabetes, nurse education, and nutrition.

Protocol Approved for Clinical Pharmacists
A new law (AB 826) passed in January 2002 expands pharmacists' scope of practice in outpatient settings to include initiating and adjusting drug therapy under protocols developed by a multidisciplinary group of health professionals, including physicians. A new procedure and protocol was recently approved by Community Mental Health Services to formally recognize the expanded role of clinical pharmacists in providing increased support to medical staff.

Community Mental Health Services Consumer Fair
CMHS Cultural Competence and Consumer Relations held its first annual Mental Health Fair at the Main Public Library on May 31, 2002. It was held to commemorate May as Mental Health Awareness Month. The fair was coordinated, planned and held by consumers for consumers.

Historic Photos Donated to DPH
A Millbrae resident, Keith Collins, recently acquired a box of old San Francisco Department of Public Health photos from an estate auction and has donated them to the Department. The subjects range from a 1908 School of Nursing shot, some 1920's Health Clinics when Public Health was located on Mission Street, and a broad collection of 1940's public health nursing and child health exams. Many of the later photos were taken here at 101 Grove Street. One photo of special interest depicts a technician cleaning hypodermic needles. The collection was put into an album until it is decide the best use for them, which will include public display and appropriate archival treatment. Mr. Collins is here today to officially present these photos to the Health Commission.

Eileen Shields gave a slide presentation of a sampling of the historic photographs that were donated to the Department of Public Health by Keith Collins. The photographs will be scanned and placed in the archives at San Francisco General Hospital. Mr. Collins also showed the Commission a San Francisco Hospital medical yearbook from 1929. The Health Commission thanked Mr. Collins for these irreplaceable photographs.

Commissioner Chow presented a certificate to Lois Borgmann for her 38 years of service to the Department of Public Health as a public health nutritionist. The Commission wished her well in her retirement.

Commissioners' Comments

- Commissioner Chow asked Dr. Katz to clarify whether AB 826 allows pharmacists to prescribe medication. The law does allow that if a multidisciplinary group of physicians, pharmacists and nurses have agreed that a certain patient should start on a certain medication if certain conditions exist, the pharmacist can prescribe. Dr. Katz said that everything has to be set via protocol. Dr. Chow wants a follow-up report at the Community Health Network Joint Conference Committee to see how CMHS is utilizing this new procedure protocol and if it has enhanced the services.

5) HEALTHY KIDS UPDATE

Jim Soos, Department of Public Health Policy and Planning, introduced Jean Fraser, Executive Director of the San Francisco Health Plan (SFHP), who presented the Healthy Kids Program update.

The Healthy Kids program provides complete health insurance, including dental and vision care, to San Francisco residents aged 0-19 who are ineligible for the Medi-Cal or Healthy Families and whose family earns less than 300 percent of the Federal Poverty Level (FLP). Children are eligible regardless of immigration status. Families pay a $4 per month premium. The Healthy Kids Program opened for enrollment January 1, 2002 and coverage began February 1, 2002.

Ms. Fraser said that are approximately 5,000 children in San Francisco are eligible for the Healthy Kids program. This number was based on data that there are 9,000 uninsured children in San Francisco, 1,000 of who are from families earning more than 300% of FLP. Another 3,000 children are believed to be eligible for Medi-Cal or Healthy Families.

After five months of enrollment, 25% of total target population has been enrolled—1,243 as of June 1, 2002. In addition the San Francisco Health Plan has processed children who are eligible for Healthy Families and Medi-Cal.

Marketing and Outreach efforts included collaboration with community and faith-based organizations to launch Healthy Kids via three citywide enrollment events on Healthy Kids Day (January 13), attended by 2000 people. Efforts are focusing first on clinics and hospitals servicing uninsured. SFHP is partnering with schools and others targeted CBOs and there is an on-going public relations and media campaign.

While the SFHP is the primary enroller for the program, the neighborhood and DPH clinics are also doing enrollment.

Jim Soos presented demographic data on current enrollees:

- Age - One quarter under age 6, one third between 6 and 10 and 40 percent are between 11 and 19. One surprising fact has been the enrollment of adolescents, approximately 12% thus far. This is one population they were told would be difficult to reach.
- The largest ethnic population, at 63%, is Latinos followed by 34% Asian Pacific Islanders. These are followed by Whites, African Americans and Native Americans
- Language is reflective of the ethnic breakdown of members. 62% speak Spanish and 25% speak Chinese.
- The average family income is $2,023 per month, average family size is 3.55 members, average percentage of FPL is 145%. Staff estimates that 79% of enrollees are undocumented, because this percentage of families earns less than 250% of FLP. They would be eligible for Healthy Families or Medi-Cal if they were citizens.
- One half of enrollees have chosen CHN as their provider.

Funding

- San Francisco is the first city in the nation to make a commitment to fund universal health care for children from the city budget. While other city's have similar programs, they are not supported with general fund dollars.
- The cost for FY 02-03 is approximately $3.9 million, including outreach.
- Two sources of funding are the City's general fund and a limited-term contribution from the Tobacco Tax/Proposition 10 fund for the ages 0-5 population.

The Department felt that premiums were important. They help the health plan keep in contact with the families and allow them to see if families still live in San Francisco. In addition families have indicated that they want to pay for their children's coverage because research has shown that families believe they get better health care if they pay something for it. The Health Plan has worked to overcome barriers to premiums, including quarterly billing and a hardship assistance program.

Meeting the Strategic Plan

- Expands health care coverage to the uninsured
- Focuses on target populations: children, youth and low-income families
- Reaches target neighborhoods
- Addresses social and economic determinants of health
- Enhances revenue for providers including CHN
- Fosters partnerships with other community organizations

Successes

- Great community support and media support
- 115 certified application assistors trained.
- Enrolled 25% of target populations in only 5 months
- One step closer to universal health care and fulfilling the SFHP mission
- Enrolling more children in Medi-Cal and Healthy Families; message to families is much clearer
- San Francisco is inspiring other counties to develop similar programs

Challenges

- Difficulty with African American enrollment. Currently there are only three African American enrollees. One of the reasons may be Medi-Cal eligibility. Second, the target thus far has been the undocumented populations and far fewer African Americans in San Francisco are undocumented. Also, according to census data there has been a steady drain of African American families out of San Francisco. Finally, outreach messages may be different for this community.

  In looking at the data for the Universal Task Force Blue Ribbon Committee, staff estimates that 0.5% of uninsured African American ages –17 fall within the 200%-300% of FLP. Despite these low numbers, SFHP is working actively to do outreach in the African American Community. Dr. Katz asked if staff could get data about the number of African Americans who apply for Healthy Kids but are enrolled in Medi-Cal because this is a victory.

- Efficiency of the dental access component. It has taken Delta Dental longer than they had hoped for Delta Dental to develop this program.

- Overcoming cultural competency issues. They found two significant issues. First, for many people who come from outside the American medical system, it is not culturally relevant to take a child to the doctor if he or she is not sick. Second, people who are ill go to a clinic without an appointment. SFHP has been calling members to encourage them to make an appointment and are supportive of the move toward same day appointments at DPH clinics.

Looking forward

- Targeting 4,000 members by the end of FY02-03
- Access federal and state funds
- Retention strategies – continuous contact with families; phone contact for re-enrollment
- Development and implementation of evaluation program.

Commissioners' Comments

- Commissioner Parker asked if a family moves out of the city is automatically disenrolled and if they get a refund if they have prepaid for a year. Ms. Fraser said the State only allows them to serve people who live in San Francisco. Two other counties—Alameda and Santa Clara—have similar programs, which families moving to those areas are referred to. They would probably refund a portion of their premium if the family requested it. Commissioner Parker asked how many African American children would be eligible for this program. Mr. Soos said they estimate between 13 and 25 children. Commissioner Parker asked if it makes economic sense to go forward with a large promotional program for this number of people. Mr. Soos replied that the outreach programs educate and connect people to all the insurance programs, including Medi-Cal and Healthy Families, so there is a benefit. Commissioner Parker asked about the revenue impact of Healthy Kids. Ms. Zmuda said staff has estimated $500,000 in revenue resulting from premium, with the majority of revenues going into primary care. Commissioner Parker said that the health disparities in the African American population would not only continue but also get larger, if we cannot address these issues.

- Commissioner Chow re-emphasized that regardless of which program the children are enrolled in, the fact that African American families are getting connected to insurance programs is an accomplishment. Commissioner Chow requested demographic data about African Americans in San Francisco, including income, as well as data on enrollment in Healthy Families by ethnicity. He stated that the Commission needs a follow-up report to ensure that the program is reaching the right people with the right project, and to see if the African American population is adequately insured. In addition to the October joint report with Healthy Families, Commissioner Chow would like a report in February 2003, which would mark the one-year anniversary of the program.

- Commissioner Guy said that this is very important because African American families have higher risk factors and a higher burden of ill health, and we need to make sure they are getting preventive care. It would be helpful if the Commission had written information about plans to address this issue, as well as the number of people who are enrolling in Medi-Cal. She asked if the Department and SFHP are working with children in family day care programs. DPH is working with the Children's Council and Wu Yee. Commissioner Guy said that there are other populations that carry higher health burdens, for example Filipinos and Samoans. Mr. Soos said SFHP is tracking these populations.

- Commissioner Monfredini asked if children must have a parent to enroll in Healthy Kids. Ms. Fraser said no. Commissioner Monfredini asked how we are outreaching to adolescents between 16 and 19 who live independent from their parents. Ms. Fraser said they would reach these youth if they go to a clinic, go to a school that the health plan has worked with and via advertising in the Bayview. Ms. Fraser added that most likely these kids will be eligible for Medi-Cal.

- Commissioner Jackson suggested that information about Healthy Kids be placed in emergency rooms, since many African Americans receive care there. He also asked what percentage of African Americans fall between 100% to 250% of FPL. Mr. Soos said that less than 2% of African Americans are enrolled in San Francisco's Healthy Families program, which covers people in this income bracket. Commissioner Jackson said it is incredibly tragic that so many African American families live below 100% of FPL.

- Commissioner Sanchez said one of the major concerns statewide was the under enrollment of the Hispanic population and undocumented children. San Francisco has done a great job in enrolling this population. Additional data will allow us to chart new pathways to reach the uninsured.

6) PUBLIC COMMENTS

Elizabeth Frantes – She almost was bitten by a pit bull at Sutro Park. The park police are ineffective. Children need to be protected from unleashed dogs. Animal Care and Control needs to reform what is going on. The judge's ruling this morning was ludicrous. The Police Department and National Park Service does not enforce the leash laws. Everybody is passing the buck on who's responsible.

7) ADJOURNMENT

The meeting was adjourned at 4:40 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

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Commissioner

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Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

Tuesday, July 2, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JUNE 18, 2002
**Minutes of June 18, 2002*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Arthur M. Jackson)

(3.1) **PHP-AIDS Office** – Request for approval of a new retroactive contract with New Direction 21st Century in the amount of $90,000, to provide HIV prevention and education services to young African Americans, for the period of June 1, 2002 through December 31, 2002.
** Calendaring request memo*

(3.2) **PHP-Community Health Education** – Request for approval of a renewal contract with O'Rorke Public Relations and Advertising in the amount of $75,000, to provide public relations and media services to the Traffic Safety Project, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary*

(3.3) **PHP-Substance Abuse Services** – Request for approval of a contract renewal with Women and Children's Family Services, Inc., (WACFS) in the amount of $200,631, to serve the remaining clients and close out the residential and outpatient substance abuse services to current clients, for the three-month period of July 1, 2002 through September 30, 2002.
** Calendaring request memo, Monitoring report summaries and responses*

(3.4) **PHP-Housing & Urban Health** – Request for approval of a new sole source contract with Lutheran Social Services in the amount of $120,966, to provide transitional housing and supportive services, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo*

(3.5) **PHP-Substance Abuse Services** – Request for approval of a sole source contract renewal with Latino Commission on Alcohol and Drug Abuse in the amount of $1,013,555 per year, for a total four-year contract of $4,054,220, to provide residential substance abuse treatment targeting adult male Latinos and pregnant and post partum Latina women, for the period of July 1, 2002 through June 30, 2006.
** Calendaring request memo, Client demographic information form*

(3.6) **PHP-Mental Health Services/Family Mosaic Project** – Request for approval of renewal contracts with Family Mosaic Project in the amount of $1,100,186, to provide various wrap-around services through the following nine (9) agencies targeting seriously emotionally disturbed children, for the period of July 1, 2002 through June 30, 2003:

JLC Services	$140,000	Victor Treatment Centers	$511,000
RISE Institute	$200,000	Families First	$ 81,120
High Gear Achievers, Inc.	$ 51,000	Big Brothers/ Big Sisters of San Francisco	$ 15,362
OTTP/SSG	$ 20,000	New College of California	$ 8,000
Catholic Youth Organization - St. Vincent's School for Boys	$ 83,616		

** Calendaring request memo*

(3.7) **DPH-Emergency Medical Services Agency** – Request for approval of a Memorandum of Agreement with the Police Department for Emergency Medical Aircraft Use of the Public Safety Helipad at Hunters Point Naval Shipyard.
** Calendaring request memo, Memorandum of Agreement, Sample agreement for service providers*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION AND ACTION;** **CONSIDERATION OF A RESOLUTION APPROVING A PROPOSITION J CONTRACT TO OUTSOURCE LAUNDRY SERVICES AT LAGUNA HONDA HOSPITAL, FOR THE PERIOD OF JULY 1, 2002 THROUGH JUNE 30, 2004**
(Monique Zmuda, DPH Chief Finance Officer)
**Update and Resolution*

6) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING ORDINANCE AMENDMENTS TO THE SAN FRANCISCO HEALTH CODE TO UPDATE LEAD HAZARD DEFINITIONS TO BE CONSISTENT WITH STATE AND FEDERAL DEFINITIONS**
(Rajiv Bhatia, M.D., Director, Occupational and Environmental Health)
**Ordinance*

7) **PUBLIC COMMENTS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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Edward A. Chow, M.D.
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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, July 2, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The Health Commission meeting was called to order by Commissioner Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D., President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Arthur M. Jackson Commissioner Harrison Parker, Sr., D.D.S. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Lee Ann Monfredini Commissioner David J. Sanchez, Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JUNE 18, 2002

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) approved the minutes of the June 18, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired, and Commissioner Umekubo attended, the Budget Committee meeting. Commissioner Monfredini was absent.

(3.1) **PHP-AIDS Office** – Request for approval of a new retroactive contract with New Direction 21st Century in the amount of $90,000, to provide HIV prevention and education services to young African Americans, for the period of June 1, 2002 through December 31, 2002.

(3.2) **PHP-Community Health Education** – Request for approval of a renewal contract with O'Rorke Public Relations and Advertising in the amount of $75,000, to provide public relations and media services to the Traffic Safety Project, for the period of July 1, 2002 through June 30, 2003.

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Items 3.3, 3.4 and 3.6 were discussed together.

Commissioners' Comments

- Commissioner Jackson commended the staff for successfully transitioning the funding and clients so that services could continue.

(3.6) **PHP-Mental Health Services/Family Mosaic Project** – Request for approval of renewal contracts with Family Mosaic Project in the amount of $1,100,186, to provide various wrap-around services through the following nine (9) agencies targeting seriously emotionally disturbed children, for the period of July 1, 2002 through June 30, 2003:

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OTTP/SSG	$ 20,000	New College of California	$ 8,000
Catholic Youth Organization - St. Vincent's School for Boys	$ 83,616		

(3.7) **DPH-Emergency Medical Services Agency** – Request for approval of a Memorandum of Agreement with the Police Department for Emergency Medical Aircraft Use of the Public Safety Helipad at Hunters Point Naval Shipyard.

Commissioners' Comments

- Commissioner Umekubo asked how much longer it would take paramedics to travel to San Francisco General Hospital from the new location as compared to Pier 94. Mr. Petrie responded that it was one minute less from the Pier 94 location.

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) approved the consent calendar of the Budget Committee.

4) DIRECTOR'S REPORT

Mitch Katz, M.D., Director of Health, presented the Director's Report.

City Budget

Last Thursday, the Budget Committee voted to restore funding for several proposed service reductions. The list of add-backs, which totals $9.8 million Citywide, is attached to this report (Attachment A). The Board restored funding for a number of DPH services, including several mental health and substance abuse service programs. Add-backs for the Department of Public Health, including a one percent cost of living increase for non-profit contractors and the University of California, total approximately $4.2 million. With these add-backs, the Budget Committee forwarded the City's budget proposal to the full Board. However, several unions are still considering the City's proposal regarding retirement pick-up. If these unions reject the proposal, DPH will be asked to make additional reductions based upon the outcome of these votes. The budget will be introduced at the Board on July 15th with the final vote scheduled for July 29th.

Two Direct-Access-to-Housing Hotels to Open in August

Beginning next month, clients referred by the MOST/AB2034 Team, HIV providers and other DPH providers will be able to move into the 54 units at the Star Hotel (2176 Mission Street) and 55 units at the Camelot Hotel (124-126 Turk Street). Baker Places, Tenderloin AIDS Resource Center, and Lutheran Social Services will provide on-site supportive services at both hotels.

Syphilis Education and Prevention

The new DPH Syphilis Awareness Campaign, "Healthy Penis 2002," was launched at a press conference June 27th. The campaign introducing the characters of "Healthy Penis" and "Phil the Syphilis Sore" was featured in articles in the Chronicle, the Examiner, and the Los Angeles Times. Life sized characters of "Healthy Penis" and "Phil the Syphilis Sore" marched in Sunday's Gay Pride Parade and will visit various clubs in the City. Campaign materials such as bus shelter and retail establishment posters, "stress grips" in the shape of campaign characters, and informational palm cards have been developed and distributed to Castro Street businesses, and members of the target audience. A campaign web site has been established (www.healthypenis2002.org) which provides information about the campaign, and information about STDs and STD resources.

Client Satisfaction Survey

CSAS completed a consumer satisfaction survey June 2002. The scope of the survey process included all CSAS contracted programs in all modalities, more than 150 programs in more than 40 agencies. Surveys were available at each treatment and prevention site during a 4-day window at each site. Survey tabulation has begun, and it indicates that more than 60% of consumers responded. The survey employs standardized forms, computerized optical scanning equipment, and standardized time frames. Results can be compared over time or with other departments and communities. This is the second year of a major collaboration between Community Mental Health Services and CSAS. Results from both years will be available in a report by mid-August.

OBOAT pilot (Office-Based Opiate Addiction Treatment)
On July 11th a training will be held for physicians, pharmacists, counselors and other medical provider staff at the OBOAT pilot sites. The training, provided by the California Society of Addiction Medicine and members of the OBOAT steering committee, will prepare pilot site clinical staff for OBOAT clients.

Commissioners' Comments

- Commissioner Chow asked how many of the Health Department's one-time Board of Supervisors' addbacks were restored. Dr. Katz said that approximately two thirds were added back and one third were not. The San Francisco AIDS Foundation's HIV housing subsidy program and the NICOs anti-gambling program were not restored. Commissioner Chow said that while the COLA is only one percent, it does recognize our contractors' needs. Commissioner Chow asked for clarification that the Budget Committee's recommendation does not include funding for DPH to relocate the Laguna Honda Hospital laundry and continue to operate it with civil service. Dr. Katz confirmed this.

- Commissioner Umekubo is happy to see that the one percent COLA for contractors and UC is part of the Board of Supervisors' Budget Committee's recommendation. He commended CSAS for the response rate to Client Satisfaction Survey and asked how many people were surveyed. Dr. Partida said that they surveyed all of the providers and received 780 responses thus far.

- Commissioner Guy said that the Commission needs to support unconventional and sometimes controversial approaches to syphilis prevention. Dr. Katz said that controversy gets people to recognize that what is going on is different and requires attention.

- Commissioner Jackson asked if the Laguna Honda nursing positions that were deleted were restored. Dr. Katz replied that about half of the positions were restored.

5) CONSIDERATION OF A RESOLUTION APPROVING A PROPOSITION J CONTRACT TO OUTSOURCE LAUNDRY SERVICES AT LAGUNA HONDA HOSPITAL, FOR THE PERIOD OF JULY 1, 2002 THROUGH JUNE 30, 2004

Mitch Katz, Director of Health, presented the Proposition J Resolution for outsourcing laundry services at Laguna Honda Hospital. This has been a difficult budget year and the recommendation to outsource the laundry services was made to help the City and County with its budget shortfall. Dr. Katz emphasized that no one wants to lose long-term employees.

The current cost estimate for FY 2002-2003 to perform the service by city employees is in excess of $6.1 million, which includes one-time costs related to the operation of an off-site civil services staffed laundry. In subsequent years the cost to the City to operate a civil service staffed off-site laundry will be in excess of $4.2 million.

Staff used two different estimates to determine the cost savings of outsourcing the laundry. The Department currently pays $.32 per pound for San Francisco General Hospital's laundry. However, when that contract was recently put out to bid, SFGH got a bid of $.29 per pound. The savings are great using either number. Cost savings for FY 2002-2003 are $3,297,580 at $.32/pound and $3,628,601 at $.29/pound. Savings in later years are not quite as large due to the first year capital costs, but there will still be an annual savings of between $1.3 and $1.6 million.

The Department will retain 15.5 FTEs for the duties of linen distribution. They want to work productively with labor to place employees from the laundry into other positions. They were able to do this when they converted San Francisco General Hospital's laundry services.

Dr. Katz presented an amended resolution asking for the Commission's approval to submit the cost analysis to the Controller's Office. He reiterated staff had to look at what was necessary to close the budget without making service cuts and this was an example of where the Department could achieve substantial savings without making budget cuts.

Public Comment

- Vincent Harrington, attorney representing SEIU Local 250 and SEIU Local 790 – The Commission has no authority to adopt this contract and the Commission's decision is meaningless. This process can go forward only if the Mayor makes a decision pursuant to their contract that he cannot provide the services he is mandated to provide unless he undertakes this contract. The contract between the SEIU and the City requires that there be extend discussions, and an arbitrator would determine if the Mayor could make this decision. The Commission's action will be in vane.

- Sal Rosselli, President of SEIU 250 – he has never been so ashamed of city government as he is now. The union has found millions of dollars of savings that could be made rather than laying off laundry workers. This action is fundamentally unfair. The City made an agreement with these workers and now is taking this away. Outside vendors that provide laundry services are sweatshops. The laundry workers spend hundreds of hours just a few years ago to save Laguna Honda Hospital. They will organize now to stop the contracting out from happening.

- Laura Blue, RN - asked the Commission not to cut more staff at Laguna Honda Hospital. The staffing level in their MOU has never been met. Last year staff lost more than 3,000 hours of unused educational time. The cuts to the laundry is another example of how when the budget gets tough, the city turns to Laguna Honda.

- Rebecca Morrow, PHN - the voters made their wishes clear with regard to Laguna Honda and cutting the laundry services is not consistent with what the voters want. There is nothing that frustrates a nurse more than to need an item and not get it. Nurses have a relationship with the laundry workers that allows them to work together and there will not be this relationship with a contractor. This will compromise patient care.

- Brian Uyero, LHH Laundry – If you close Laguna Honda Hospital, you close down what this city is all about—helping people who cannot help themselves. He has been working at Laguna Honda Hospital for 10 years.

- Raquel Nacdao Icban, RN at Laguna Honda – nurses will not be able to deliver quality care if the laundry services are contracted out. Nurses cannot get their requested earned time off. The acuity of patients has skyrocketed. The laundry services are a vital part of delivering care to residents.

- Josie Mooney, Executive Director SEIU 790 and president of the San Francisco Labor Council – asked the Commission to look at the faces of the laundry workers and imagine what it will be like when they do not have jobs. If the services are contracted out two classes of disenfranchised workers will be created: those that are without jobs and those that will be doing the laundry at another location with certainly no benefits. She dissents from the proposal and hopes the Commission will dissent as well.

- Ben Ruvalcaba, LHH Laundry – he has worked in private laundry and they pay cheap wages. The benefits and wages at Laguna Honda are good. The laundry workers—and all staff—worked hard on the campaign to save Laguna Honda Hospital and the people of San Francisco voted to rebuild it. This included the laundry. They were told no one would lose their jobs, and now they are proposing to contract for cheap labor. He needs this job. And it is a violation of the contract, which has a provision for no contracting out.

Dr. Katz said that there are requirements of any City and County of San Francisco contractor with regard to minimum wage requirements and the provision of benefits and while it is true that the contractor is not known at this time, the contractor will have to comply. And while these wages and benefits are not as great as what is provided to civil service, they do exist. Dr. Katz added that the Deputy City Attorney has reviewed the resolution and believes that it is appropriate for the Commission to consider and adopt the proposed resolution.

Commissioners' Comments

- Commissioner Jackson clarified that this resolution only facilitates getting the information to the Controller and the Board of Supervisors but that the decision lies with the Board of Supervisors. He asked if funds are available for cross training. Dr. Katz replied that currently there is not, although the Board of Supervisors has discussed this. Commissioner Jackson asked if a contractor could provide quality services. Robert Christmas, Chief Operating Officer at Laguna Honda Hospital, replied he is aware that there some concerns about the services that are provided by existing contractors. Commissioner Jackson does not want to see any jobs contracted out, but he is committed to the additional nurses that were proposed in the base budget. These positions are his first priority for the budget is the nurses even though he values the work of the laundry services. He will continue to advocate to the Board of Supervisors that the laundry should not be contracted out.

- Commissioner Parker asked if the decision to do SFGH's laundry done by a contractor was made for financial reasons. Dr. Katz said that it was the result of a previous recession. Commissioner Parker asked if budget savings would be accrued if the laundry staff are placed in other civil service jobs. Dr. Katz said that if there is a truly vacant position that can be filled by a laundry worker, then savings would still be accrued. But this is only feasible if the Mayor's Office releases the job requisition. Commissioner Parker said that even though this proposal attempts to address the budget shortfall, it goes against the spirit of what the Department stands for in terms of wages and benefits. We are better off discussing how we get the necessary funds or how we spread the deficit out in a more equitable manner. Dr. Katz said that the Board of Supervisors would have to give an addition $4 million to the Health Department to continue these services, which is still a possibility. Commissioner Parker asked if the Laguna Honda Hospital rebuild proposal included on-site laundry services. Dr. Katz said initially yes, but as the project moved along, in order to rebuild 1,200 beds the decision was made to relocate the laundry at Oyster Point.

- Commissioner Guy said that since the Commission's budget discussions began in January there was realization that the Department was going to have to absorb some cuts. She has publicly prioritized the addition of the nursing positions to the staff at Laguna Honda Hospital over the retention of the laundry and her position has not changed. However the Health Commission's position opposing any cuts, including the laundry, also has not changed.

- Commissioner Umekubo asked what likelihood there is that the workers will find other civil service jobs. Dr. Katz said that he could not guarantee that all workers will be placed but Laguna Honda Hospital has a large workforce, and they have six months, which gives enough time to plan. It should be possible with everybody's cooperation to make it work.

- Commissioner Chow said that the position of the Health Commission is to support the Department's base budget and oppose all of the cuts included in the 10 percent budget reduction proposal that the Department was required to submit to the Mayor's Office. The resolution being considered today does not change that position. The resolution is a concurrence with the analysis of the cost savings as does not call for closing the laundry. However, if the Board of Supervisors' final budget does not include funding for the laundry, then Laguna Honda Hospital will have no laundry services as of the end of December. This resolution makes the Health Commission part of the solution to address this problem, should it happen.

Action Taken: The Commission (Chow, Guy, Jackson, Umekubo) approved Resolution #08-02 titled "Concurring with the Analysis of the Department Staff and Pending Controller's Certification that the Laundry Services can be performed for the Department of Public Health Laguna Honda Hospital by Private Contractor for a Lower Cost than Similar Work Performed by City and County Employees" (Attachment B). Commissioner Parker voted against the resolution.

6) CONSIDERATION OF A RESOLUTION APPROVING ORDINANCE AMENDMENTS TO THE SAN FRANCISCO HEALTH CODE TO UPDATE LEAD HAZARD DEFINITIONS TO BE CONSISTENT WITH STATE AND FEDERAL DEFINITIONS

Joe Walseth, Childhood Lead Prevention Program, presented the proposed amendments to Article 26 of the San Francisco Health Code. The ordinance amends the current code in two respects. First, to broaden the scope of services that Childhood Lead Poisoning Prevention currently provides to include case management services to children up to 21 years of age. The second respect would be to change the standards by which the Department conducts environmental investigations with respect to children who have been identified as being lead poisoned to be consistent with federal and state standards, which are more protective of children's health. There is the need to update the lead hazard definitions to be consistent with State and Federal definitions. Dr. Katz said that these amendments do not fundamentally change the way the Department provides services.

Commissioners' Comments

- Dr. Umekubo asked what the protocol is for screening children and what mechanism is used to screen children who do not live in houses that are identified as lead hazards. Dr. Katz said the issue of whether there should be universal screening of children for lead poisoning is quite controversial. The official bodies say mandatory, universal testing of children but there is tremendous provider variability.

- Commissioner Parker said the Department should advocate for legislation that would address the certification of residential units being a lead-free environment as part of transfer of ownership title. Dr. Katz said staff would research if there are other localities in the United States that have such legislation and bring this information back to the Commission.

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) approved Resolution #09-02 titled "Approving Ordinance Amendments to the San Francisco Health code to Update Lead Hazard Definitions to be Consistent with State and Federal Definitions" (Attachment C).

7) PUBLIC COMMENTS

Elizabeth Frantes – there is a club on 10th Street and the workers there are providing marijuana medication to Laguna Honda's residents. It is a wonderful place, with online access. This is the first cannabis sports bar. There is a lot of harassment of women at cannabis clubs, and this does not happen at the new club. The club needs help and support from the Department to continue to provide services.

8) ADJOURNMENT

The meeting was adjourned at 4:45 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (3)

COST OF LIVING INCREASES	Amount
1 % COLA for all non-profit service providers & UC	$3,900,000

RESTORATION OF CITYWIDE SERVICES	Amount
Aging and Adult Services	$500,000
MCJC Juvenile Delinquency and Gang Prevention	$250,000
DHS - IHSS Share of Cost & Private Pay Registry	$150,000
DHS - Masterlease Housing	$200,000
DHS - PAES Dental Services	$400,000
DHS - PAES Service Work (CJI)	$50,000
DHS - PAES to Work	$200,000
DPH - Community Mental Health Services - Private Provider Network Outpatient Program	$200,000
DPH - Community Mental Health Services - FFS Hospital	$200,000
DPH - Community Mental Health Services - IMD Long Term Care	$100,000
DPH - CSAS Residential Treatment, Sheriff's contractor	$56,000
DPH - CSAS Outpatient Treatment, Sheriff's Department	$60,000
DPH - CSAS Outpatient Treatment, Haight Ashbury Free Medical Clinic	$230,000
DPH - CSAS Outpatient Treatment, Westside Community Mental Health	$167,000
DPH - CSAS Outpatient Treatment, Bayview Hunters Point Foundation	$88,000
DPH - Bayview Adult Day Health Care Center	$53,000
DPH - California Acupuncture Services	$40,000
Recreation and Parks - Restore Pool Hours Citywide	$200,000
Sheriff's Department - The Garden Project	$150,000
Asian Perinatal Advocates	$75,000
Central City Hospitality House	$100,000
Native American AIDS Project	$100,000
Asian Pacific Islander Hotline Service	$40,000
ARK House	$400,000
Women's Community Clinic	$50,000
Shanti Lifelines	$75,000
San Francisco Food Bank	$57,000
Supportive Housing Employment Collaborative	$266,000
United Council for Human Services	$159,000
Neighborhood Parks Council - Neighborhood Parks Planning	$100,000
Citywide programs for Children and Youth	$700,000
	$5,771,000

NEW CITYWIDE INITIATIVES	Amount
City Planning - three Planner III FTE positions in Long-Range Planning Division (@ .75 FTE for FY 2002-2003)	$215,000
	$215,000

GRAND TOTAL: **$9,886,000**

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-02

CONCURRING WITH THE ANALYSIS OF DEPARTMENT STAFF AND PENDING CONTROLLER'S CERTIFICATION THAT THE LAUNDRY SERVICES CAN BE PERFORMED FOR THE DEPARTMENT OF PUBLIC HEALTH, LAGUNA HONDA HOSPITAL, BY PRIVATE CONTRACTOR FOR A LOWER COST THAN SIMILAR WORK PERFORMED BY CITY AND COUNTY EMPLOYEES

WHEREAS, the fiscal impact of September 11, 2001 and a slowing economy have resulted in unexpected, significant revenue shortfalls for San Francisco, and has created a budgetary emergency for the Department of Public Health; and,

WHEREAS, the electorate of the City and County of San Francisco passed Proposition J (Charter Section 10.104(15) in November 1976, allowing City Departments to contract with private companies for specific services which can be performed for a lower cost than similar work by City and County employees; and,

WHEREAS, the analysis of staff of the Department of Public Health, Laguna Honda Hospital, suggests that a Purchaser's award of a contract for the Laundry Services by a private contractor will achieve substantial savings for the Department; and,

WHEREAS, pending the certification by the Controller that said services can be performed at lower cost by a private contractor than by City employees, and subject to the Board of Supervisors' approval as required by Charter Section 10.104(15) and subject to any other contractual agreements; now, therefore, be it

RESOLVED, that the Health Commission concurs with and submits the analysis of staff of the Department of Public Health to the Controller and the Board of Supervisors in accordance with Charter Section 10.104.(15).

I hereby certify that the Health Commission at its meeting of July 2, 2002 adopted the foregoing resolution.

Michele M. Olson
Secretary to the Health Commission

Attachment B
Page 1 of 1

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 9-02

APPROVING ORDINANCE AMENDMENTS TO THE SAN FRANCISCO HEALTH CODE TO UPDATE LEAD HAZARD DEFINITIONS TO BE CONSISTENT WITH STATE AND FEDERAL DEFINITIONS

WHEREAS, the Department of Public Health has proposed amendments to Section 1601 of Article 26 of the San Francisco Health Code; and,

WHEREAS, the purpose of this ordinance is to authorize the Department of Public Health to provide case management services to all persons under 21 years of age who have been diagnosed as lead poisoned, in accordance with the California Department of Health Services (CDHS), Childhood Lead Poisoning Prevention Branch Program Letter #00-06, which directed local Childhood Lead Poisoning Prevention Case Management Contractors to modify the case definition eligible for case management services to include children from birth to 21 years of age; and,

WHEREAS, the purpose of this ordinance is also to amend the definition of "lead-contaminated dust" to conform with the strict standards issued by the CDHS and the United States Environmental Protection Agency (USEPA); and,

WHEREAS, this ordinance also makes changes to various terminologies to conform to those used by the USEPA; now, therefore, be it

RESOLVED, that the Health Commission supports the proposed amendments to Section 1601 of Article 26 of the San Francisco Health Code; and, be it

FURTHER RESOLVED, that the Health Commission recommends these revisions to the Board of Supervisors.

I hereby certify that the Health Commission at its meeting of July 2, 2002 adopted the foregoing resolution.

Michele M. Olson
Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

20

6/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
JUL 12 2002
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, July 16, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JULY 2, 2002**
**Minutes of July 2, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **Central Administration** – Request for the approval of a resolution authorizing the Department of Public Health to accept and expend 51 recurring grants from the State of California for FY 2002-03.
** Calendaring request memo, Resolution, List of recurring grants,*

(3.2) **AIDS Office – HIV Health Services** – Request for approval of a new retroactive sole source contract with Ramsell Corporation, in the amount of $128,831, to provide Quality Management Program Coordination services for providers of CARE-funded services, for the period of June 1, 2002 through February 28, 2003.
** Calendaring request memo*

(3.3) **CHS-Mental Health** – Request for approval or a renewal contract with Lifemark Corporation, in the amount of $475,720, to provide fiscal intermediary services to the Personal Assisted Employment Services (PAES), for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary*

(3.4) **PHP- TB Control** – Request for approval of a sole source renewal contract with the Regents of UCSF at San Francisco General Hospital (SFGH), in the amount of $238,764, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION;** **REPORT ON THE LONG RANGE SERVICE DELIVERY PROGRAM RECOMMENDATIONS FOR THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER REBUILD**
(Anthony Wagner, Chief Executive Officer of Hospital Systems)
**Report*

6) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION ADOPTING THE ENVIRONMENTAL IMPACT REPORT FOR THE LAGUNA HONDA HOSPITAL REBUILD PROJECT**
(Larry Funk, Executive Administrator, LHH)
**Update and Resolution*

7) **PUBLIC COMMENTS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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16/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, July 16, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
AUG 16 2002
SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The Health Commission meeting was called to order by Commissioner Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Edward A. Chow, M.D., President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Arthur M. Jackson Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Ph.D.
Absent:	Commissioner Lee Ann Monfredini Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JULY 2, 2002

Commissioner Edward A. Chow, M.D., asked that the notation after 3.5 saying Items 3.3, 3.4 and 3.6 were discussed together be changed to "Items 3.3, 3.4, and 3.5 were discussed together." The spelling of *vane* on page 5 under public comment should be changed to *vain*.

Action Taken: The Commission approved the minutes of July 2, 2002 with the above two corrections.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired and Commissioner Guy attended the Budget Committee meeting. Commissioners Umekubo and Monfredini were absent.

(3.1) **Central Administration** – Request for the approval of a resolution authorizing the Department of Public Health to accept and expend 51 recurring grants from the State of California for FY 2002-03.

(3.2) **AIDS Office – HIV Health Services** – Request for approval of a new retroactive sole source contract with Ramsell Corporation, in the amount of $128,831, to provide Quality Management Program Coordination services for providers of CARE-funded services, for the period of June 1, 2002 through February 28, 2003.

Commissioners' Comments

- Commissioner Jackson asked if this were a nine-month contract and noted that three of seven members have the same name. Ms. Dixon confirmed both inquiries.

- Commissioner Guy asked if they had reviewed the instruments of evaluation. Ms. Dixon said yes.

Public Comment

- Patrick Monette-Shaw. He is concerned about the number and dollar amount of sole-source contracts being approved. $28 million so far. LA County is having a problem with this. Urged the Commission to have the AIDS Office and DPH start the contract process earlier.

(3.3) **CHS-Mental Health** – Request for approval or a renewal contract with Lifemark Corporation, in the amount of $475,720, to provide fiscal intermediary services to the Personal Assisted Employment Services (PAES), for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- Both Commissioner Guy and Commissioner Jackson asked that the information be clarified so that it reflects that the renewal supports the dental piece and does not provide optical services. Po Yee Lindahl stated that the optical portion of the contract has been removed (now being down through Human Services) and there were some holdover invoices that needed to be processed. The holdover is included in the total amount. There is no vision money in the FY01-02 contract.

- Commissioners Guy and Jackson suggested this item be held over until the August 20, 2002 meeting to clarify and reflect the nature of the contract, given that it a continuance would not impact billing.

(3.4) **PHP- TB Control** – Request for approval of a sole source renewal contract with the Regents of UCSF at San Francisco General Hospital (SFGH), in the amount of $238,764, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Guy noted the increase in the Latino population (24%). Tony Paz said this is the representation that has been consistent. Commissioner Guy asked if there is a trend in increases in any particular population. Tony Paz responded that among the foreign-born, especially Asian, the rates are high. In US-born, African-American population goes up and down but we are currently on the downward side. Commissioner Guy would like a presentation on TB scheduled for a future Health Commission, through the Population Health and Prevention JCC.

Action Taken:	Items 3.1, 3.2, and 3.4 passed unanimously. Item 3.3 continued to the August 20, 2002 meeting. Item 3.4 will be referred to the PHP/JCC as a topic. Commissioner Sanchez abstained on item 3.4.

4) DIRECTOR'S REPORT

Mitch Katz, M.D., presented the Director's Report.

New Chief Financial Officer
Gregg Sass will be the Department's new Chief Financial Officer. Gregg has served as the Department's Chief Financial Officer in the Community Health Network for the past year. Gregg brings 29 years of experience of health care finance, including five years as a partner at KPMG Peat Marwick, and seven years as controller and chief financial officer for three San Francisco hospitals. Gregg replaces Monique Zmuda, Chief Fiscal Officer, who has left the Department after 18 years at DPH to become the City's new Deputy Controller. Angelina Ehrlich, Ms. Zmuda's secretary, will be joining her in the Controller's Office. Ms. Ehrlich has been with the Department for 24 years. Both Monique and Angelina are wished the best in their new positions and thanked for many years of excellent service to the Department.

City Budget
As several unions have rejected the City's proposal regarding retirement pick-up, the Department was asked to make an additional $1 million in reductions to its budget. The Department was able to meet this $1 million goal through revenue adjustments, largely as a result of anticipated reinstatement of proposed State reductions to the Disproportionate Share Hospital program. The Board had its first hearing on the budget yesterday and will take final action on the budget on July 22nd.

Suicide Prevention Workgroup
At the request of the Board of the Supervisors in response to the recent tragedy and suicide by a San Francisco high school student, the Mental Health Children, Youth and Family Section has convened a Suicide Prevention Workgroup. The workgroup is charged with reviewing the various factors leading to suicide in young people, as well as reviewing the existing protocol for suicide intervention and prevention among City departments, and public and private agencies. The committee will be making recommendations to the Board on ways to address current gaps in services.

Treatment on Demand to be the Beneficiary of Marathon Pledge Program
The Treatment on Demand (TOD) Planning Council will be a beneficiary of the 2002 San Francisco Chronicle Marathon Pledge Program, scheduled for July 28th. The TOD Planning Council was selected along with five other agencies, which build community, treat the sick, prevent child abuse and ensure the public's safety in disasters.

Conference on Lesbian Health and Wellness

The 2nd Annual Conference on Lesbian Health and Wellness, themed "Healthy Choices for Lesbians," was held Saturday, June 29th. The conference marks the beginning of a 3-year collaborative process between researchers and lesbian communities. María Cora, Coordinator of the DPH Office of Women and Girl's Health, co-presented one of the keynote speeches on "Multiple Marginalization: Health Disparities of Lesbians of Color."

STD Program's Continuing Response to Increase Syphilis Cases

The STD Program has begun live STD chats on Gay.com. More than 100 subscribers logged onto the first chat. Advertisements have been placed in magazines and web sites that target men who have sex with men. Already the ad on one website has had 10,000 click-throughs in the first month, all from the West Coast. The website banner ads focus on the increase in syphilis in the City and allow people to click directly into the STD Program website.

Laguna Honda Staff Co-Authors New England Journal of Medicine Article

Dr. Katz reported that John Hollingsworth, DPh, Quality Management Analyst at Laguna Honda, has co-authored an article that was published in the July 11th edition of the New England Journal of Medicine. The article, entitled "A Controlled Trial of Arthroscopic Surgery for Osteoarthritis of the Knee," has received a great deal of national attention including airing on NBC Nightly News, a variety of radio stations and appearing in newspapers and magazines. Dr. Hollingsworth has added significant new information to the medical community's body of knowledge about treating osteoarthritis of the knee and has brought well-deserved recognition to the Department of Public Health.

EMS Section Has Moved

As of yesterday, the Department's Emergency Medical Services (EMS) Section has relocated to 68 - 12th Street, Suite #220. The new EMS Section offices will house the Department's new Emergency Operations Center where designated personnel will report in the event of an emergency.

St. Luke's Temporary Closure

In an unusual action, St. Luke's closed their Emergency Room last week as a preemptive move to an announced strike. Dr. Katz discussed the closure with the head of the hospital who said he was under the understanding that they could close because the Emergency Room was closing to everyone, not just to people without insurance. DPH's jurisdiction centers around the Emergency Medical Service agency. The State ordered St. Luke's to reopen by Tuesday, which they did. There may be upcoming court cases and fines against St. Luke's.

Commissioners Comments

- Commissioner Jackson asked what was St. Luke's motive? Dr. Katz said that the motive is hard to prove. The hospital also closed its Labor and Delivery Room. St. Luke's said it was because they could not afford to hire managerial or registry nurses.

- Commissioner Parker asked if the Suicide Prevention workshop is permanent. Dr. Katz explained that DPH is just organizing it. Sai-Ling Chan-Sew is in charge and if it proves successful, DPH would look for it to be on-going. Staff will prepare a report for the Board of Supervisors and get feedback. The response will be multi-faceted, not just a workshop. Commissioner Parker said the STD website is very impressive and that DPH has raised a high level of awareness. He asked how DPH can measure the positive effect of this website? Dr. Katz said DPH hopes to see the syphilis rates decrease. For the first time in three months, there has been a drop, which may be a combination of several initiatives.

- Commissioner Guy said it was important to see how the issue of suicide is related to the programs that go on in the Wellness Centers as part of wellness for the school population. Dr. Katz said DPH has the expertise to put together a good plan.

- Commissioner Sanchez said that when the representatives from Sutter were at the Health Commission, there were some basic assumptions about charity care and services. Is there a review process to assure the quality assurance and to have Sutter account for their actions? Dr. Katz said that once the Attorney General has investigated, there is no mechanism to assure that they hold up their end of the agreement.

- Commissioner Chow noted that the Health Commission considers this serious business.

Special Presentation to Monique Zmuda, Chief Fiscal Officer and Angelina Ehrlich, Executive Secretary.

Commissioner Chow presented a plaque to Ms. Zmuda, who has left DPH after 18 years to become Deputy City Controller. She was the first Health Commission Secretary. As a Fiscal Officer she was instrumental in getting many things organized, has stayed within budgets, held to assignments and presented excellent budget reports. It is very difficult to have Ms. Zmuda leave.

Angelina Ehrlich also received a plaque in absentia. Ms. Ehrlich worked for the Department for 24 years and has joined Ms. Zmuda in the Controller's Office.

5) REPORT ON THE LONG RANGE SERVICE DELIVERY PROGRAM RECOMMENDATIONS FOR THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER REBUILD

Dr. Mitch Katz, Director of Health, said that the programs that are being planned pose complicated questions, especially in terms of how things will fit together 10 years from now. He compared it to how much health care has changed since 1992, when San Francisco had just hit its peak of AIDS deaths. If you had gone to SFGH then, you would have found about 40 people with end-stage AIDS. Today, you would find only four or five. In 1992, no one would have been able to predict this. All DPH can do is get the best thinkers--analytical thinkers who know the community--and work on it. DPH has worked with the Lewin Group to answer a number of threshold questions that need to be answered. The Lewin Group held many community meetings and DPH has excellent support from individuals who serve on the Long Range Service Delivery Committee. Dr. Katz introduced Keith Hearle who presented the Lewin Group's recommendations. He concluded by saying that the Health Commission has decided to accept the report as one in progress. DPH will continue to seek comment before coming to a final resolution.

Keith Hearle thanked a number of his colleagues in the Lewin Group and DPH staff. He also commended the input from the Planning Committee.

Mr. Hearle reviewed the reason for the rebuild. California legislation (SB 1953, 1801) mandates that all acute care hospitals meet new seismic safety standards by 2013 or close their services by 2008. This is going on across California.

There are still some open questions about the program plan. What are the best ways to meet client needs over the next 10-40 years? The long range planning process tries to look at a variety of issues, such as predicting the range and type of services. Where will these services be delivered? How much will they cost? Two Planning Groups are working on the process: a Community Group of about 45 members and an Internal Group comprised of SFDPH and UCSFMC clinicians. The planning framework started with certain assumptions about San Francisco and San Francisco General Hospital Medical Center (SFGHMC), and with open questions/choices centering on critical issues that require additional analysis or decisions. The planning principles included improving access to care and quality of care; implementing best practices; advancing professional training; conserving debt capacity; operating efficiently; and meeting SFDPH Strategic Goals.

Certain assumptions were embraced: SFDPH will continue to operate a full continuum of public health care programs; SFDPH would continue its core mission as a safety net provider and Level I trauma center; social problems will persist; SFDPH will continue its affiliation with UCSF; City resources are limited; SFGHMC will comply with SB 1953; and the rebuilt SFGHMC will incorporate a flexible design and accommodate changes in technology and medicine.

There are a number of choices requiring further discussion:

- Which site options for SFGHMC rebuild should be pursued? The two options are co-location with UCSF at Mission Bay or rebuild at Potrero.
- How should SFDPH's ambulatory care programs be configured?
- Should SFGHMC seek to increase volume for Level I Trauma?
- Should SFGHMC seek to increase it Emergency Department (ED) capacity?
- Should SFGHMC develop programs to attract elderly patients?
- Should the rebuild assume continued provision of inpatient pediatrics and Obstretics or should beds be consolidated with another SF provider?
- How should behavioral health services be configured?
- Should SFGHMC rebuild include skilled nursing beds in new space?

The choices have benefits as well as implementation issues and challenges. Lewin offered recommendations regarding the choices based on data analysis and projections; interviews with community experts; input from SFDPH planning groups; survey of national best practices and models; and expert judgment.

Which site options for SFGHMC rebuild should be pursued?

Option 1. Co-location with UCSF at Mission Bay.

SFGHMC services/programs would be split between two campuses.
--Acute services, ED, Trauma and high end specialty services located at Mission Bay (MB)
--Acute psychiatry at MB is an option
--Co-located facility vision: "two towers" with one owned and operated by SFDPH, a second by UCSF
--Joint operation of some ancillaries and support services
--One ED (at SFGHMC) and Trauma Service
--Governance would not be shared; approach to shared decision making required
• Potrero would become a behavioral health and ambulatory care campus

Benefits

- Strengthens existing relationship
- Enhances quality of care
- Enhances faculty oversight/supervision
- MB more accessible for trauma
- Lower project cost
- Lower operating cost
- Coordinated GME and research programs
- Creates additional financing options
- Greater public support?

Challenges

- Sufficient capacity must be co-located by UCSF to achieve benefits
- Land availability
- Differences in missions and populations served
- UCSF commitment needed by January 2003 for SFDPH to meet SB1953
- Request Letter of Intent (Programs/services to be co-located; resource commitments; decision-making structure; roles and responsibilities for budgeting of shared services, financing project costs and meeting capital needs)

Option 2. Rebuild SFGHMC at current Potrero Avenue site.

Benefits:

- CCSF/SFDPH own the land
- SFDPH would not operate an additional campus
- SFGHMC services not "split" between two campuses
- Continue ties to Potrero Avenue neighborhood

Challenges

- Greater impact of rebuild on patient care during construction
- Neighborhood concerns regarding Helipad and impact of rebuild
- Benefits of UCSF co-location less likely

How should SFDPH's ambulatory care programs be configured?

Shift 30,000-40,000 lower acuity ambulatory care visits from SFGHMC to community. The volume in community clinics is already trending upward and more capacity is needed.

Benefits: Provides care closer to home; improved patient satisfaction; SFDPH goal to move care into community; consistent with strategies of other public health care systems; facilitated by technology advancements.

Challenges: Current sites capacity constrained; new capital investment in renovation or new sites needed to implement this initiative; requires addressing medical staff/teaching issues in off campus sites; some patients may prefer hospital-based care.

Organize Ambulatory Care as a SuperClinic at Potrero

Benefits: Integrated "one stop shopping" model is preferred by patients; supports "Center for Vulnerable Populations" concept; supports ACRC planning; moves services from red brick buildings; positive outcomes achieved by other public health systems

Challenges: Facilities options need to be developed; higher project cost and funding needs

Should SFGHMC seek to increase volume for Level I Trauma?

Benefits: Ensure high quality care and access to specialized care; promote public health and safety; positively impact hospital's payer mix. Supporting trauma also enhances SFGHMC reputation as foremost public hospital in the US. Regionalization and development of a Helipad would bring additional patients/ensure viability of Level I Trauma service. The successful expansion is unlikely without medical air transport capability; San Francisco is one of the only large metro cities without medical air transport.

Challenges: Volume growth is important to continuing to meet Level I Trauma requirements—SFGHMC trauma volume has declined and just meets the threshold requirement; no other SF hospital has public plans to become a Level I Center; the risk of not expanding could mean that SF no longer can support Level I.

Should SFGHMC seek to increase it Emergency Department (ED) capacity?

Benefits: Allows SFGHMC to conform to current standard of 2,000 visits /treatment station (now operating at ~3,000); would contribute to improved patient flow; would lower diversion rates.

Challenges: Operating and capital cost implications; takes pressure off initiatives to reduce ED utilization.

SFDPH should not include SNF capacity in new hospital construction

Benefits: Would reduce cost of new construction; would facilitate joint SFDPH long-term care planning; consistent with LHH program plans; consistent with trend by other hospitals to no longer operate hospital-based SNF's particularly in new capacity.

Challenges: Proximity to acute surgical/medical beds facilitates patient flow; SNF beds also reduce administrative (disallowed) days; dedicated capacity needed.

Few general acute care county hospitals in California maintain SNF units.

Should SFDPH pursue a strategy to retain its elder population?

Benefits: Meets needs of aging SFDPH clients, including those at LHH; positive financial impacts; poor elderly will have greater needs and reduced resources; serving needs of patients with complex psychosocial needs is SFDPH center of excellence.

Challenges: Assuring that needs of SFDPH "core populations" (those without options) are met first; program development needed; implications for facility design and cost; without "champions," success is uncertain.

Most Medicare patients in SFGHMC's target market area go elsewhere for care.

SFDPH should develop collaborative partnerships in providing inpatient pediatrics and obstetrics services.

Consolidate obstetrics with UCSF

Benefits: Consolidated program would have higher volume (1300 deliveries at SFGHMC, 1700 at UCSF); research shows that quality improves with higher program volume; births projected to decline further; improved access to UCSF specialists and neonatologists; some high-risk services already transferred to UCSF.

Challenges: Requires carefully crafted partnership agreement; ensuring continuation of unique SFGHMC competencies; maintaining midwifery program; potential loss of MediCal reimbursement; community concern about not providing inpatient maternity care.

Consolidate inpatient pediatrics with UCSF

Benefits: Children and adolescents are better served in a dedicated facility providing specialized care; some complicated cases already are served by UCSF; SFGHMC census of pediatric cases is low (ADC=4); would reduce problems in maintaining specialized staffing.

Challenges: Requires carefully crafted partnership agreement to assure continued access for SFDPH patients; ensuring continuation of unique SFGHMC competencies (drug exposed, abused, foster care); impact on pediatric trauma.

Behavioral Health Choices

- Continue exploring options for psychiatric care in the Mission Bay, including:

Moving acute psychiatry along with acute medical/surgical beds to Mission Bay
Benefits: Continued integration of hospital-based psychiatric care for SFGHMC; psychiatry not "left behind;" coordination of PES & ER.

Challenges: Project cost; implications for land need; maintaining services for MHRF clients; integrating psychiatric care into ambulatory services provided at Potrero Avenue site.

Maintaining acute psychiatry beds at Potrero campus if SFGHMC moves acute medical/surgical beds to Mission Bay
Benefits: Opportunity to have comprehensive continuum of Behavioral Health service at one site; maintains coordination with MHRF; facilitates development of "Center for Vulnerable Studies;" and facilitates integrating behavioral health service with primary care at the Potrero site.

Challenges: Assuring medical presence for medically complex behavioral health clients; coordinating care at two sites (PES & ER services. Med/psych patients. Diagnostics); Psychiatry "left behind," increased stigma for psychiatric patients; risks regarding future resource commitments to the Behavioral Health programs at Potrero Avenue Campus.

- Maintain current number of acute psychiatry beds. With risks to inpatient programs at other hospitals and forces contributing to higher demand, SFGHMC should maintain the current number of inpatient psychiatric beds.
- Include a 30-bed comprehensive medical-psychiatric inpatient unit in new hospital construction. (SFGHMC and SFDPH clients have a high level of psychiatric and medical "co-morbidities.")

LEWIN GROUP RECOMMENDATIONS

- The SFDPH should continue discussions with UCSF to co-locate hospital capacity; definitive agreement must be reached by January 2003; if not, rebuild at Potrero.

- Adopt programmatic changes:

    - Shift primary care visits from SFGHMC to CHN primary care centers.
    - Expand off-campus ambulatory care capacity.
    - Expand Level I trauma through regionalizing and developing medical air transport.
    - Organize ambulatory care on Potrero campus as a "SuperClinic."
    - Increase physical capacity of ED, consistent with current standards.
    - Partner with UCSF to consolidate pediatrics and obstetrics.
    - Exclude SNF beds from SFGHMC rebuild.

- Incorporate design features to improve patient flow, flexibility and attractiveness.

- Institutional planning process should assess implications for SFGHMC operating at two campuses (MB & Potrero):

    - Operating the Potrero site as a Behavioral Health and ambulatory care campus, including acute psychiatry, MHRF, ambulatory care and administrative capacity.
    - Locating acute psychiatry beds and PES in new space with the acute medical-surgical SFGHMC beds.
    - Operating ambulatory care services at two campuses, with a "SuperClinic" and Urgent Care at Potrero, and sub-specialty capacity on the same site as the acute care beds.

REBUILD TIMELINE

July 16, 2002	Recommendations presented to Health Commission for approval
July 2002-03	IMP/SFGHMC Rebuild Facility Planning groups meet
January 2003	IMP/Facility Plan presented to Health Commission for approval
	Plan presented to Mayor, Supervisors, City Depts., community
November 2003	Election bond measure
2013	Completion of SFGHMC Rebuild

REBUILD NEXT STEPS

- Institutional Master Plan
- Finance Plan
- Program Planning Implementation
- Community Education

Anthony Wagner thanked Dr. Katz and the Health Commission for allowing them to go through the process. It is difficult to envision what is best for San Francisco as it relates to the delivery system. We are planning a hospital that would be occupied in 2013 that would have to last us for another 50 years. A number of technological changes will come along that will help us solve many of our concerns. Mr. Wagner also thanked the Planning staff at SFGH and community group members. The next six months are critical. Staff will come back with final recommendations and a report that

gives their best thinking. They will also have started a process of blending the programmatic piece with the facility. They have had an initial meeting already with in-house staff and DPW, the Institutional Master Plan is underway and the Finance planning group also meeting. Program planning implementation and continued discussion with UCSF. There are very sophisticated community groups in this City the community education piece needs to get underway.
There is still an opportunity for synergy connection with LHH and SFGHMC even though LHH is ahead in its planning process.

Public Comment

- Susan Sniderman, MD, SFGH Pediatrics and Newborn. Thanked the Lewin Group for their work and liked the process. Feels involved. She is Acting Chair of the Department of Pediatrics and in charge of the nursery. In the long run, would be good to have a unified program with UCSF. She attends at both UC and SFGH. UC is not a very drug-hospital-psychotic-friendly place. Problems with translations, sensitivity to cultures, to women with severe psychiatric disabilities and the expertise her colleagues have developed. If you do something sooner, we need to think carefully that these sensitivities are developed.

- Gladys Sandlin, Mission Neighborhood Health Center. The Center has a long-term relationship with many services at SFGH. They are currently going through their own rebuild. The Center serves people no one else serves—mostly minorities. Very excellent, culturally competent services currently exist at SFGH. Asian and Latinos are population of the future. We need to have community hearings in the evening after work hours. Ms. Sandlin submitted a position paper (on file).

- Rae Ann Emery, East Mission Improvement Association. Was here about a year ago when the rebuild plan first came up. Currently serving on the Committee. Thanked the Planning staff for keeping them updated on the meetings. Represents the immediate neighbors of SFGH. Everything that's done at SFGH will affect their property values and sense of well being. Opposed to the helipad. Opposed to taking up existing parking. Would like to be able to support the program but would prefer to support two sites or the larger site at Mission Bay. Would like to be considered in future groups to be interviewed one-on-one.

- Ed Kinchley, SEIR 790. Mr. Kinchley distributed a letter to the Health Commission (on file). The governance structure, which is now separate, needs to be maintained separate if there are separate structures. As you look through the report, the process has raised more questions than it has answered. Hope we continue the process. Concerned about the impact on the community—the Mission District—and how moving services would impact the community. This does not appear to have been looked at thoroughly.

- Philip Darney, M.D., Chief Obstetrics and Epidemiology, SFGH. Has been delivering babies for 22 years at SFGH. Concerned about the geography. Important to provide services where people live. We provide a unique service. Should not consider consolidation until we know we have a place on our side of town for our kind of patients.

- Eleanor Dhey, M.D., Acting Director of Obstetrics. Echoes what Drs. Sniderman and Darney have said. SFGH has a distinct set of services that serves a unique set of clients. She worries the patients will not make it across town. They will be lost on both a literal and surface level. In the long term, how can we preserve the strength of SFGH. She does not think UC can accommodate another 100 deliveries to their already full schedule of deliveries.

- Phil Hopewell, M.D., UCSF/SFGH. His statements are his personal feelings, not those of the University. He has been at SFGH for 30 years and supports the co-location at Mission Bay. UC has not made a decision at all and does not know their desires. Co-location may be difficult to achieve but would offer three advantages: 1. Increasingly, medicine for trauma is highly complex and our ability to sustain the infrastructure and care is in question. 2. The physicians who provide care are highly specialized and highly compensated. How long could we provide that level of support? 3. Access to research. SFGH is an academic center that focuses on the needs of our patients. If there is a decision to relocate at the Potrero campus, then we also need to accommodate research infrastructure.

- Thomas Gwynn. Was impressed by report from Lewin. Was president of Board of SFGH volunteers. Increase cooperation and enhancement of this relationship. Hopes the door with UCSF stays open. There has been active community involvement and hopes it continues.

- Peter Winkelstein, SPUR. Chairs a hospital taskforce to help hospitals deal with the seismic issues and looking at city's overall needs. Very productive. Would like the Commissioners to consider thinking about ways to combine those clinics at other facilities. Opportunity to look at public-private partnerships. Don't have to be the only people in the clinic. The neighborhoods have different and special needs and could be tailored to those needs. Going to have to be flexible in our thinking because no one knows what the services are going to be like 15 years from now.

- Mary Lou Licwinko, SF Medical Society. Speaking as a long-range planning committee member. She attended every meeting. She urged the Health Commission to accept the Lewin Report. Impressed by process as it included neighborhood, incorporated suggestions, especially many from the community that otherwise would not have been included. Made lots of progress bringing together disparate points of view. This is a working document that should have community input further into the process.

- Helynna Brooke, Community Mental Health Board. Very fond of SFGH. Chose to have her son there many years ago. She has two concerns but very impressed with the plan: 1) Psychiatric services separate from acute care. Outpatient separation is confusing, especially to the elderly, and 2) Her mother is low income. Primary care providers are at UC and she is not impressed by the care her mother is getting.

- Sue Bierman. Has been attending both LHH and SFGH community meetings. Interested about both institutions. Her son works in public hospital in NY and was very impressed by the personal care at LHH. Planning process gives her a connection with the City. The community is very faithful about attending the meetings. She will help with whatever our final outcome is. A few years ago her daughter was rushed to SFGH after a bike accident. She was very impressed by the care. She will be following the rebuild process closely.

Written Testimony

- Lucy Johns, M.P.H., submitted written comments supporting co-location with UCSF and asking that the scope of ambulatory care within the CHN system (on file).

Commissioners' Comments

- Commissioner Parker asked if the bond would provide a changing atmosphere in terms of the Department's mission and strategic planning. Five areas addressed: response of rebuild relating to

SB 1953; endorsement for increase in ED capacity; Level I Trauma Center being supported by a helipad; community centers/clinics services be increased and waiting times reduced; affiliation with UCSF to continue. He is not making specific recommendations about co-location but wants to see his points considered in the final plan. It would be our responsibility to see that the recommendations are followed regardless of where they come from.

- Commissioner Sanchez observed that it is an excellent, working document. It raises questions in many areas. The speakers today show a high respect for quality care and services. SFGH as a campus now a campus with UCSF faculty. It is not a new pathway; it has been like that for years. The majority of faculty is there because it is where they want to train, practice and provide services. The mission of SFGH is different than that of the UCSF as a whole. These two systems have worked well together at SFGHMC. We have to plan for the future but the timeline is clicking away. Mission Bay was going to be a biomedical center from its inception. Lots of folks at UC think Mission Bay is their area. We have two unique, excellent institutions. There is already a model of collaboration to provide faculty and staff services to this city and we need to ensure that the quality of services continues. There are culturally competent services at SFGHMC that one may not see at UC or Mission Bay. DPH's timeline is different than UC's. There should be a summary of the plan in neighborhood newspapers as well as a Saturday Health Career Day to share with the community the model DPH is looking at. This report is very important first step to help us think about the mission of both institutions.

- Commissioner Jackson observed that DPH has already been partners in many ways with UC. When we know where we are going, we are going to have to have an extraordinary education piece. He thinks it is still a challenge in San Francisco that people still go to the Emergency Room to get services. We must educate staff about how this new system is going to work. How do people get the services they need in the most efficient way? Build this future on information and knowledge. There has been little discussion about internal transportation from site to site. We could develop our own transport system rather than having people rely only on public transportation. Must stay a Level I Trauma Center and part of that is having a helipad site. These are challenging economic times. People are working hard and we will need to say to them that unless they support the bond, they will lose a very valuable resource. Marketing and sales challenge to the whole Department and staff.

- Commissioner Guy noted that today's report is a good beginning. She made suggestions about what the next progress report should include. In terms of vision, how does the rebuild of the acute medical center, the heart of our tertiary care, fit into our system? Commissioner Sanchez spoke of our rich relationship and affiliation with UC, which provides research, practice and delivery. Worth it to take a look at it every 30 years. Letting the option of program drive us. DPH should be open to the question of co-location but she would like a progress report on what happens to research if we do not co-locate. Our relationship with UC needs to continue regardless of what campus SFGHMC is located on. DPH's timeline is different with UC. Ours takes precedence so we do have to make a decision. Our potential co-location partner needs to respect our timeline. She acknowledges questions of finance and cultural differences. Organizational cultural differences are important, as is the community's diversity. In the planning process we need to accommodate those who cannot come during the day, and anticipate some of the questions such as the downturn in the economy. DPH needs to turn to its congressional delegation for help. The Trauma Center has to be regionalized and this means a helipad. Have to work with the public and neighbors. It is a difficult question and brings up NIMBY-ism but can struggle with it respectfully. She is still not clear on the SNF questions. Just because we have LHH does not mean we put all our SNF beds there. We need more SNF. Various ambulatory care questions need to be discussed further at the joint conference committees, including Southeast's long waiting times, the physical capacity of ambulatory care capacity, and Potrero Hill as the site for the SuperClinic. On behavioral health, need to deal with the stigma question. One way to handle it is to configure a Center of Excellence. It is true what research and community says—medical needs and psychiatric needs must go together. Some complexity to it if we go to co-location. We should be looking at Best Practices data from others who have tried to see what works and what does not.

- Commissioner Chow said that the process has been one that has included many hearings and we are not here arguing the information but what to do with the information. The process has been more than many of us anticipated. One thing that has come out today is that the cultural competency is not just words that reflect language or demographics. It is what distinguishes the care at SFGH. Implicit in all of this is cultural competence. Whatever we do, it has to fit the population we target. There are a number of issues that require continued discussion, the first being co-location and where to rebuild the hospital. If we stay on Potrero, how do we assure we have continued research excellence? Need to get this responded to. If we are going to go with co-location, we need to find examples that it works and that culturally competent care continues in that venue. Who is the dominant partner? If we continue with co-location, how is it that people will receive competent services? The second issue is Trauma, which is not in question, regardless of where we are. In order to keep Trauma, there needs to be air transport. We have a waiver at the moment that we are going to do that. Commissioners have expressed a need for emergency capability for terrorism and our own natural [earthquake] vulnerability. SNF issues require a continued look and whether SNF should be part of the rebuild at SFGH or just LHH. We have heard more about OB and pediatrics. Without pediatrics, can we have Trauma? Ambulatory care is another topic that needs to be discussed separate from what and where we build. It is not just a facility issue. What are the different capacities? For example, in Chinatown, we can use the second floor with the elevator. If we have more staff at Southeast, we could take care of more people. The issue of public-private partnership is important. We already have a relationship with the Consortium. Where does this stand and what does this mean for providing community care? On the question of ambulatory care and the SuperClinic, we have to hear a lot more about where and how we deliver care. There are facility implications but first there needs to be a policy issue around ambulatory care. In terms of SFGH rebuild, the Joint Conference Committees have to hear these issues. Combine this with how we carry out the Trauma. If it's a good idea to have better behavioral health services more integrated—whether we have or don't have a Mission Bay, this needs further development. Pediatric services should be further discussed at SFGH. Elder care is a market issue. If it changes the configuration of how the hospital is built, then it has implications for how and where the structure gets built. Finally, the need for community input and education needs to be at times that are convenient for both. We need to get more public input from immediate community and survey our own patient population and what they feel are the needs. We have an ambitious agenda over the next few months.

Anthony Wagner assured the Commission that staff would continue to engage the two teams. Lewin will continue to report back to us and work with us.

Dr. Katz thanked the Commission for their comments, which will help staff in doing the next stage. In thinking about his own job for the next year, he wants to prepare a terrific bond measure. It is complicated, there are lots of questions, and more study that needs to be done. But he is convinced that we will do it and it will be a great program, whether it is at Potrero or co-located. It will be the best and it is the best public hospital in the US and will remain so. Staff has nine months to complete the program plan, which must be done by April 2003. All the questions do not need to be answered prior to the bond going on the ballot. LHH continues to change in response to request of residents, staff, architects and the project team. It is not possible to answer every question about it in the next nine months. We do have to get the answers to the questions raised today and put together the very best program plan and seek community input. Ultimately, it is the voters who will decide. There is a lot of hard work ahead of us and we look forward to it.

Commissioner Guy asked if January is a good deadline. Dr. Katz said that it pushes staff to the limit but if they are not further along in the co-location discussion in two months, then that is the end. January is the drop-dead time for an MOU. Based on LHH, the bond measure does not have to specify the location, but has to specify the program. The public may accept some openness. By October staff will know whether DPH is going on its own or going on with UC.

6) CONSIDERATION OF A RESOLUTION ADOPTING THE ENVIRONMENTAL IMPACT REPORT FOR THE LAGUNA HONDA HOSPITAL REBUILD PROJECT

Larry Funk, Executive Administrator for Laguna Honda Hospital, introduced Michael Lane, project manager for the Laguna Honda Hospital Rebuild Project.

Mr. Lane described the new design. There are three resident buildings and a link building. This is the design concept they have been working on since 2001. The design has evolved out of the valley—clinically better to get into more daylight and avail themselves of the open space. In order to contain construction operation, they will be using the valley area as a staging area and not spill into the community. They will be retaining existing buildings and will be future location of assisted living and be directly accessible to support services. Looking at the valley floor, there will be therapy pools, physical therapy and a gymnasium. There is a desire to expand rehabilitation services out into the valley area if needed.

Dr. Chow asked how many rehabilitation beds there would be. Mr. Lane replied 60. The floor above the rehabilitation center would come into the Town Center with the library, gift shop, art for elders and activity rooms.

Mr. Lane continued to explain the floor plate. The typical floor plate has 15 households with dining and living rooms on either end. Comes together for a core space that has four dining rooms, activity therapy space, nurse's station and galley. A triple room opens to a common area. Other floor plan is a double. They are making an effort to restore the valley and provide garden access. Landscaping will develop gardens between households. The landscape architect is working with residents on how to plan for them.

Budget update. They are going into construction document design and were looking at a $30 million design development over-run. Overall floor plate increased 1200 sf. As they went through design process, the geo-technical information showed the foundation had to go down further. Took another look at escalation and reduced it. Refined design more in handling soil and foundation. Deferred renovation of administrative wings A, B, and C but kept renovation in buildings that had to connect.

Planning Process. EIR (Environmental Impact Report) was issued on 12/1/01. Public hearing was held on 1/10/02 and public comment closed on 1/16/02. Received Rec & Park Commission approval, a Comments and Responses Document was issued; Civic Design review and Committee Approval from Planning Commission.

Four households filed an appeal with the Board of Supervisors this week on the EIR. The appellants said the EIR failed to address the impact on the surrounding community. The design should have triggered an amendment with the Master Plan. Planning Commission said neither of these points have merit and they will respond. The crux of the issues with the households is that they said they did not know where the buildings were going to go. The timing of this appeal is frustrating because they were sending documents to the printer to be ready for the July 22nd hearing. Staff held a number of neighborhood and community meetings where this did not come up. The Board will hear the appeal of the EIR either August 5th or 12th. Could prove very significant if the Board upholds the appeal. Would set us back six months and millions of dollars. Would have to cut more from the project to keep this on schedule. Unfair to have gone through the process and would have to go through it again with no guarantee that someone else would come up with something again. Have received many letters from community groups already and have worked to resolve them.

On the overall schedule, have Central Plant out for bid. Would let us locate it out of the valley. Coming out in August with a roadway plan. Waiting to hear about the laundry location. In 2003, we will have completed design and will begin demolition of first stage. If all moves forward, would have the final move in of the new facility in 2009.

Commissioners' Comments

- Commissioner Jackson noted that there has been good outreach to the community. A couple people are harsh in their criticism. In the overall picture, the staff has done their job and this last minute appeal is unfortunate, especially because we do not have a Planning Commission at the moment. Every time there is an appeal, it costs money and we have to cut space or reduce something. He does not know if the public understands this. We don't want to lose space. It is the staff—from medical to clerical—at LHH that makes LHH what it is.

- Commissioner Sanchez said that it was fantastic to see the staff open up and listen to the cohort of health providers within the context of what LHH is about. There has been an on-going dialogue and they have continually taken the message back to the community. It is an exceptional process and a dedicated group at LHH who provide high quality care.

- Commissioner Guy observed that it has been an amazing process. She appreciates Mr. Lane's leadership and management. The unanimous vote of the Planning Commission is what we want to hold onto and the Forest Hill Association is important strategically. She has confidence that the process the groups have taken will rule the day. NIMBY-ism is real and part of the democratic process. We are fortunate that Mr. Lane is leading and managing the project. Many good people brought us to this moment, including Dr. Katz, Tony Wagner and Larry Funk.

- Commissioner Parker thanked Mr. Lane for his leadership and acknowledged his frustration with the appeal. What are the alternative plans? Are they primarily prompted by the historic issue or the neighborhood views? The choice to renovate Clarendon Hall or move independent living to the back. In terms of reading this, is there a reason that prompted the alternatives? Michael Lane replied that the plan is fixed with the wings. Original concept talked about assisted living in Clarendon Hall. Clinical needs said to move the assisted living.

- Commissioner Chow said that the work is well-planned. Many neighborhood associations support the project and the Board of Supervisors will understand that. This is an important process for a large project. It already has been two years and has run relatively smoothly. You have been able to maneuver between the challenges while keeping the amenities that people want. These are important accomplishments.

- Commissioner Chow announced that this item would be continued to the call of the Chair.

7) PUBLIC COMMENTS

Patrick Monette-Shaw. Testified in May the PositiveResource Center had a subcontract with LaFrance. Several problems. Two months late in concluding the final report. Report still in draft stage. LaFrance now four months late. Appears LaFrance is not submitting contracts. Performed poorly. Ask the Health Commission to investigate this contractor's non-compliance. Report should go to CARE Council.

8) ADJOURNMENT

The meeting was adjourned at 7:00 p.m.

Eileen Shields
Public Information Officer

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor
Department of Public Health

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: ***http//www.dph.sf.ca.us***

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CANCELLATION NOTICE

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HEALTH COMMISSION MEETING

The regular Health Commission meeting scheduled for Tuesday, August 6, 2002 has been cancelled.

The next regularly scheduled meeting will be Tuesday, August 20, 2002 at 3:00 p.m., 101 Grove Street, Room #300, San Francisco, as usual. An agenda will follow.

For information call the Commission Office at 554-2666.

(Posted July 29, 2002)

HEALTH COMMISSION

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, August 20, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JULY 16, 2002**
**Minutes of July 16, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **DPH-Central Administration/MIS** – Request for approval of a new contract with Siemens Medical Solutions Health Services Corporation, in the amount of $966,150, to assist in the transition from an outsourced patient billing system to an in-house patient billing system, for the term of September 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary*

(3.2) **AIDS Office–Prevention** – Request for approval of a retroactive sole source contract renewal with Continuum HIV Day Services, in the amount of $745,875, for the Homebase Program, which provides transitional HIV support services for incarcerated persons and the HOPE Study, a research project, which assesses the effectiveness of the Homebase Program, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.3) **AIDS Office–Prevention** – Request for approval of a retroactive contract renewal with Centerforce, Inc., in the amount of $764,000, to provide HIV prevention and education services to incarcerated and post-release populations at San Quentin State Prison, Central California Women's Facility and Fresno County Jail, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.4) **AIDS Office–Prevention** – Request for approval of a new, retroactive contract with Centerforce, Inc., in the amount of $59,004, to provide HIV prevention and education services to incarcerated and post-release African-American men at San Quentin State Prison whose post-release address is within the San Francisco Eligible Metropolitan Area, for the period of July 1, 2002 through December 31, 2002.
** Calendaring request memo, Client demographic information form*

(3.5) **AIDS Office–HIV Research** – Request for approval to accept and expend retroactively a subcontract from Public Health Foundation Enterprises, Inc. (PHFE), in the amount of $325,345, to fund a project for "San Francisco HIV Vaccine Clinical Trials", for the period of June 1, 2002 to May 31, 2003.
** Calendaring request memo, Grant information form, Letter from PHFE, Budget pages*

(3.6) **CHP–Maternal and Child Health** - Request for approval to accept and expend a grant from the California Department of Health Services, in the amount of $113,788, to support healthy eating and childhood overweight prevention services, for the period of August 1, 2002 to September 30, 2003.
** Calendaring request memo, Grant information form, Budget pages*

(3.7) **PHP–AB 75 Project** - Request for approval to accept and expend retroactively a grant allocation from the State Department of Health Services through its California Healthcare for Indigents Program (CHIP), in the amount of up to $4,136,456, to provide reimbursement for health services delivered to indigent persons for the term FY 2002-03.
** Calendaring request memo, Grant information form, Budget pages*

(3.8) **PHP–Epidemiology and Disease Control** - Request for approval to accept and expend retroactively a supplemental grant from the State Department of Health Services, in the amount of $893,885, to further develop and implement plans for public health preparedness and response to bio-terrorism for the period of July 1, 2002 to August 30, 2003. The grant includes a sole-source contract with the Regents of the University of California for $18,031 for the same period.
** Calendaring request memo, Grant information form, Budget pages*

(3.9)+ **PHP-Behavioral Health Services** – Request for retroactive approval of a renewal contract with Lifemark Corporation, in the amount of $434,222, to provide fiscal intermediary services to the Personal Assisted Employment Services (PAES) for dental services, for the period of July 1, 2002 through June 30, 2003. + This item was continued from the July 16, 2002 meeting.
** Calendaring request memo, Monitoring report summary*

(3.10) **PHP-Behavioral Health Services** – Request for approval of a contract modification with San Francisco State University, in the amount of $20,000 per year, for the period of July 1, 2002 through June 30, 2004, of a four-year contract, to provide professional substance abuse counselor training and certification services, for a total contract value of $340,000, for the period of July 1, 2000 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary*

(3.11) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Morrisania West, Inc., in the amount of $517,605, to provide day treatment substance abuse services to African American youth and young adults, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary and response letters*

(3.12) **PHP-Behavioral Health Services** – Request for retroactive approval of a new sole source contract with San Francisco Suicide Prevention, in the amount of $304,000, to provide fiscal intermediary services for the San Francisco Office-Based Opiate Treatment one-year pilot project, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo*

(3.13) **Primary Care** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., with a total four-year contract amount of $207,100, to provide primary care and HIV screening services to low-income residents of San Francisco, for the period of July 1, 2002 through June 30, 2006.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.14) **CHN-SFGH Trauma Program** – Request for approval of a new contract with Gerson/Overstreet, in the amount of $75,000, to provide aeromedical access needs assessment and feasibility study for the Trauma Center at San Francisco General Hospital, for the period of September 1, 2002 through August 31, 2003.
* *Calendaring request memo*

(3.15) **CHN-SFGH** – Request for retroactive approval of a new contract with the Regents of the University of California, in the amount of $280,000, to provide orthotics and prosthetics for medically indigent adult clients of the Community Health Network, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo*

(3.16) **CHN-SFGH Nursing Operations** – Request for approval of contract renewals with the following firms for a combined total of $1,500,000: C.W. Healthcare, Inc., HRN Services, Inc., Maxim Healthcare Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, for the provision of supplemental, temporary, per diem and traveling nursing personnel services for the San Francisco General Hospital, Community Health Network, for the period of September 1, 2002 through August 31, 2003.
* *Calendaring request memo, Vendors lists, Monitoring reports and response letter*

(3.17) **CHN-Jail Health Services** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $3,749,029, to provide psychiatric and substance abuse treatment services for inmates in the San Francisco County Jail system, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF AUGUST**
**List of Awardees*

6) **FOR DISCUSSION:** **PRESENTATION OF THE ANNUAL JAIL HEALTH REPORT**
(Joe Goldenson, Medical Director, Forensic Services)
** Report*

7) **FOR DISCUSSION:** **PRESENTATION OF THE HEALTHCARE ACCOUNTABILITY REPORT**
(Frances Culp, Health Program Planner, DPH Policy and Planning)
**Report*

8) **PUBLIC COMMENTS****

9) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $100,000, Cordero v. CCSF, San Francisco Superior Court Case #324064

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, August 20, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:15 p.m.

Present:	Commissioner Edward A. Chow, M.D., President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Ph.D. (arrived at 4:20 p.m.)
Absent:	Commissioner Arthur M. Jackson Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JULY 16, 2002

Action Taken: The Commission (Chow, Guy, Monfredini, Parker) approved the minutes of the July 16, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired and Commission Parker attended the Budget Committee meeting. Commissioner Jackson and Commissioner Umekubo were absent.

(3.1) **DPH-Central Administration/MIS** – Request for approval of a new contract with Siemens Medical Solutions Health Services Corporation, in the amount of $966,150, to assist in the transition from an outsourced patient billing system to an in-house patient billing system, for the term of September 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Monfredini emphasized that DPH is under a tight timeline and she wants assurances this project will be completed in a timely manner. Ronald Castleberry from Siemens said he feels confident in a six-month timeline.

(3.2) **AIDS Office–Prevention** – Request for approval of a retroactive sole source contract renewal with Continuum HIV Day Services, in the amount of $745,875, for the Homebase Program, which provides transitional HIV support services for incarcerated persons and the HOPE Study, a research project, which assesses the effectiveness of the Homebase Program, for the period of July 1, 2002 through June 30, 2003.

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Commissioners' Comments

- Commissioner Parker asked how many patients would be served by this new program. Nick Gardner from Centerforce said that they are expecting to serve 2200 to 2600 individuals in the next six months for both programs; 300-400 will be African American men.

(3.5) **AIDS Office–HIV Research** – Request for approval to accept and expend retroactively a subcontract from Public Health Foundation Enterprises, Inc. (PHFE), in the amount of $325,345, to fund a project for "San Francisco HIV Vaccine Clinical Trials", for the period of June 1, 2002 to May 31, 2003.

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Commissioners' Comments

- Commissioner Parker asked if the treating dentists see the patients promptly. Poo Yee Lindhalh said patients are treated rapidly. Commissioner Parker asked if a participant has ever missed out on a job interview because of having to wait for dental services. Ms. Lindhalh replied that this program serves the very disadvantaged, and it takes participants a while to get through the system to the point where they can go to a job interview, so usually this situation does not present itself.

(3.10) **PHP-Behavioral Health Services** – Request for approval of a contract modification with San Francisco State University, in the amount of $20,000 per year, for the period of July 1, 2002 through June 30, 2004, of a four-year contract, to provide professional substance abuse counselor training and certification services, for a total contract value of $340,000, for the period of July 1, 2000 through June 30, 2004.

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Commissioners' Comments

- Because this is a new contract for a new program, Commissioner Monfredini requested a six-month status report to the CHN Joint Conference Committee.

(3.13) **Primary Care** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., with a total four-year contract amount of $207,100, to provide primary care and HIV screening services to low-income residents of San Francisco, for the period of July 1, 2002 through June 30, 2006.

(3.14) **CHN-SFGH Trauma Program** – Request for approval of a new contract with Gerson/Overstreet, in the amount of $75,000, to provide aeromedical access needs assessment and feasibility study for the Trauma Center at San Francisco General Hospital, for the period of September 1, 2002 through August 31, 2003.

Commissioners' Comments

- Commissioner Monfredini asked when the feasibility study would be done. Mr. Overstreet from Gerson/Overstreet Architects said he is prepared to begin the project immediately. Ms. O'Connell's expectation is that after the feasibility study is done the Department will be able to answer any questions about licensing and community issues, and be able to move forward with a helipad. Ms. O'Connell stated that Gerson/Overstreet outlined in detail all of the steps that need to be done, and the study will be completed by February or March. She added that the expectation for remaining a Level 1 trauma center is that there will be a helipad, and DPH will not fully meet the requirements of the Trauma Plan until there is a helipad.

(3.15) **CHN-SFGH** – Request for retroactive approval of a new contract with the Regents of the University of California, in the amount of $280,000, to provide orthotics and prosthetics for medically indigent adult clients of the Community Health Network, for the period of July 1, 2002 through June 30, 2003.

(3.16) **CHN-SFGH Nursing Operations** – Request for approval of contract renewals with the following firms for a combined total of $1,500,000: C.W. Healthcare, Inc., HRN Services, Inc., Maxim Healthcare Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, for the provision of supplemental, temporary, per diem and traveling nursing personnel services for the San Francisco General Hospital, Community Health Network, for the period of September 1, 2002 through August 31, 2003.

Commissioners' Comments

- Commissioner Monfredini expressed her unhappiness with the three contracts (Medical Staffing Network, C.W. Healthcare and Maxim) that had unacceptable or improvement needed performance ratings. Ms. Digdigan from San Francisco General Hospital said that by the end of October she would have a better sense if the three contractors will be able to perform. She said that since these contracts were only started in May she is giving them 90 more days to improve service. She added that she would ideally like to have more than three contracts to call during time of high demand. Commissioner Monfredini requested that Medical Staffing Network be called as a last resort, and staff should look for a contractor to replace them.

- Commissioner Parker supports the 90-day period to see if there are performance improvements, and asked that a report on these three contracts be given to the San Francisco General Hospital Joint Conference Committee in 90 days.

(3.17) **CHN-Jail Health Services** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $3,749,029, to provide psychiatric and substance abuse treatment services for inmates in the San Francisco County Jail system, for the period of July 1, 2002 through June 30, 2003.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker) approved items 3.1 through 3.17 of the Budget Committee consent calendar, with the exception of item 3.10. Item 3.10 was continued until Commissioner Sanchez arrived, at which time the Commission (Chow, Monfredini, Parker, Sanchez) approved it. Commissioner Guy abstained. Item 3.12, report back to the Community Health

Network Joint Conference Committee in six months. Item 3.16, report back to SFGH Joint Conference Committee in 90 days.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Selective Provider Contracting Program Waiver

Federal approval of California's Selective Provider Contracting Program (SPCP) waiver is in jeopardy. The SPCP, established in 1982, provides critical Medicaid funding for California's disproportionate share hospitals (under the SB 1255 program), and teaching hospitals (under the Graduate Medical Education program). Like other waivers, the SPCP waiver is subject to renewal every two years. However, during the current renewal process, the federal government has suggested that a key component of the waiver may be disallowed, resulting in a $300 million reduction in federal Medicaid funds to California's safety net hospitals over the next two years. For San Francisco General Hospital this would mean a reduction of $9.1 million. The Department has been working closely with the Mayor's Office of Legislative Affairs, with the City's federal lobbyist, and with DPH health and hospital partners in California to do all DPH can to ensure federal approval of this critical Medicaid waiver.

Governor's Visit

On July 24th, Governor Gray Davies held a press conference at San Francisco General Hospital. The purpose of the press conference was to highlight the Governor's commitment to HIV/AIDS and to encourage the passage of the State budget to ensure continued availability of funding for critical health programs. The Governor toured Ward 5A, the inpatient AIDS/Oncology unit, and then addressed the media on the front lawn.

Federal Nurse Reinvestment Act

On August 1st, President Bush signed the Nurse Reinvestment Act, which is intended to ease the nationwide nursing shortage. The new law:

- provides scholarships and loans to nursing students who agree to serve for two years in a hospital with a critical nurse shortage;

- includes a loan cancellation incentive for nurses who receive masters or doctoral degrees to teach at nursing schools;

- offers nurses continuing education, geriatric training, "career ladder" programs, internship and mentor programs.

Though the legislation has been enacted, Congress must now appropriate money to fund the bill. The Department of Public Health will continue to work with the City's federal lobbyist to support this important bill.

Outreach at 7th and Berry Streets

On July 27th, a homeless encampment located on City owned property at 7th Street and Berry was dismantled. Several homeless outreach staff including the HOPE and MOST teams provided assistance to the 75 – 100 individuals residing in the encampment. DPH staff from the HOPE and MOST teams provided medical assistance and mental health services. Staff from the CATS/MAP

First Response team provided transportation and assistance completing Shelter Plus Care applications. Barbara Garcia and Charlie Morimoto were both present to oversee any additional assistance.

Laguna Honda Environment Impact Report Approved

Dr. Katz reported that the Board of Supervisors unanimously approved the Laguna Honda Hospital Replacement Project Environmental Impact Report (EIR) August 12th. The approval of the EIR enables the first phase of infrastructure construction to commence on schedule this fall. Dr. Katz thanked Commissioners Chow, Jackson and Sanchez, as well as the staff and residents of Laguna Honda who attended the Board hearing to support approval of the EIR.

Non-Names Reporting

A new state regulation for reporting HIV infection went into effect July 1, 2002. It requires all health care providers and laboratories in California to report positive HIV antibody results to the local health officer. Blood banks and anonymous test sites are exempt from this regulation. The regulation is referred to as "non-names reporting" since the client's name won't be included in the report. One of the purposes of this regulation is to have a better assessment of the epidemic through better tracking.

Prevention Works

As the Commission is aware, DPH, along with other City agencies and community partners, has been actively conducting public awareness campaigns concerning driver safety and, in particular, watching for pedestrians. Dr. Katz reported that between 2000 and 2001 there was a significant reduction in the number of pedestrian fatalities and injuries in San Francisco. In 2001, 19 pedestrian deaths were recorded; this is down 40 percent from 32 pedestrian deaths recorded in 2000. Similarly, there were 916 pedestrian injuries in 2001, down 5% from 965 injuries in 2000. Other Bay Area jurisdictions did not experience the same magnitude of declines in pedestrian injuries suggesting that San Francisco's reductions may be attributed to public awareness campaigns and are not just a result of regional downtrends in traffic.

Childhood Immunizations Improving

There is good news from the Communicable Disease Prevention Unit about immunizations among young children in San Francisco. According to the most recent citywide survey, a record 81.5% of two year-olds were up-to-date with the immunizations needed to protect them against seven serious diseases. The retrospective analysis also revealed that, broken down by race and ethnicity, there were gaps between the overall coverage rates and those of Latino and African American children. The gaps, however, have decreased substantially from three years ago. Since 1999, the coverage rate for African American children increased from 57% to 70%, and for Latino children, the rate increased from 63% to 75%. An overall level of 90% coverage is optimal.

The dramatic increase in immunization coverage is a result of a comprehensive effort with a special focus on reminder/recall systems by local pediatric immunization providers, the San Francisco Immunization Coalition and the Department of Public Health. The citywide survey is conducted every three years. The information obtained from the survey will be shared with all local pediatric providers and for planning future immunization projects, especially among minority populations.

New Deputy CFOs Hired

Dr. Katz announced DPH has hired two new Deputy Chief Financial Officers who will assist Gregg Sass in managing the financial operations of the Department.

Anne Okubo has been hired to replace Larry Doyle, who retired last June. Anne previously worked as DPH Budget Manager. For the last two years, Anne has been serving the City as the Director of Finance and Administration for the Emergency Communications Department.

Valerie Inouye has been hired to fill Gregg's previous position as Deputy Finance Director for San Francisco General Hospital, Primary Care, Health at Home and Jail Health. Valerie is a certified public accountant and has over 20 years' experience in healthcare financial management, most recently as Controller at Stanford Hospital and Clinics. Valerie will be another excellent addition to DPH's finance team.

Director of Operations for Community Programs Hired
Michelle Ruggels, previously the Community Mental Health Services Budget Manager, has been hired to the position of Director of Operations for Community Programs. In this role, she will supervise and coordinate the budget staff, facilities and other operational functions across the Community Programs Division with the goal of streamlining and integrating activities wherever possible.

Commissioners' Comments

- Commissioner Parker emphasized that prevention works across the board, and this is demonstrated by the pedestrian safety outcomes. It is also cost efficient. With regard to the Federal Nurse Reinvestment Act, do we have any idea how this will be implemented? Dr. Katz replied that it is still in the planning stages, and is not yet funded by Congress. He added that nurses have been taken for granted, and the fact that the president signed this legislation is a statement in and of itself that nurses matter.

- Commissioner Guy echoed Commissioner Parker's points about prevention because it is often difficult to see successes, yet two were presented in the Director's Report. With regard to immunization, the report shows foreign-born children were less likely to be immunized. Is this because they came to the county at a later age or are there other factors. Dr. Katz said there will always be a gap for foreign children because the study does not take in to account opportunity for immunization. So, if a child came when she was three, this is only counted as a non-immunization. But because San Francisco has the Healthy Kids program, which covers immigrants, the next survey should show the gap decreasing.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF AUGUST

Commissioner Chow presented the August Employee Recognition Awards.

Individual Awardee	**Division**	**Nominated by**
Marcos Bañales, Health Worker III	SFGH - Jail Health Services, Forensic AIDS Project	Isela Gonzalez, Health Worker III

Adult and Pediatrics Asthma Clinic Team	**Division**	**Nominated by**
Nancy Madden, N.P. Shannon Thyne, M.D. Rajeev Venkayya, M.D.	SFGH - Children's Environmental Health Promotion	Karen Cohn, Program Manager

6) PRESENTATION OF THE ANNUAL JAIL HEALTH REPORT

Joe Goldenson, Medical Director, Forensic Services, presented the Jail Health Report. Jail Health Services views the period of incarceration as an opportunity to treat and provide prevention services to the inmate population who typically does not access these services in the community. The presentation focused on collaborative projects, future directions and systemic challenges.

Five programs were highlighted: Forensic Support Services (Mentally Ill Offender Grant I); Connections (Mentally Ill Offender Grant II); Hepatitis Prevention Program; Homebase Outcomes Project Evaluation (HOPE); and STD.

Kate Monaco Klein presented the Homebase/HOPE Study. The project is designed to increase post-release use of medical and social services, decrease post-release medication non-adherence, decrease post-release HIV risk behaviors and decrease recidivism. 76 clients have been enrolled and 28 have completed the Homebase project. Preliminary data shows that 61% graduated, 33% discharges, and 4% MIA. 67% of the control group clients were reincarcerated at least one time and 60% of the Homebase clients were reincarcerated at least one time. This outcome has lead staff to realize that it took a long time for their clients to become homeless, HIV positive and substance abusers so it will take a long time to change these behaviors.

Ms. Monaco Klein also presented the Hepatitis Prevention Program, which is a collaborative effort with Jail Health Services and DPH Hepatitis Prevention Program. The pilot project, which began in January, offers risk assessment, counseling, testing, vaccination and follow-up services. In the first quarter of the Hepatitis B Vaccination pilot program 89% of participants received their second vaccination. She added that staff is moving toward multi-infection counseling.

Jo Robinson, Director of Jail Psychiatric Services and Assistant Director of Jail Health Services, presented the Mentally Ill Offenders Grants information. Over the past ten years there has been a 35% increase in inmates with mental illness in San Francisco jails, which is a result of the increasing criminalization of the mentally ill.

In 1998 legislation was adopted that approved $104 million statewide for the Mentally Ill Offender Crime Reduction Grants demonstration project, which is designed to curb recidivism among persons with mental illness. The grants require collaboration and communication between law enforcement, corrections, mental health and other agencies. San Francisco received two projects. MIO I-Forensic Support Services is a four-year, $5 million grant. MIO II-Connections was a three-year, $3.5 million grant but has been cut to two years due to the state budget crisis.

Forensic Support Services provides assertive case management services with a long-term commitment to participants. It is fully enrolled with 249 participants but has yet to be fully assessed. The diagnostic picture is that they are seeing inmates with severe mental health problems.

MIO II provides short-term criminal justice case management with a mental health bridge. This program works closely with the Sheriff's Department, JPS, Pre-trial Diversion, Center for Juvenile and Criminal Justice, Progress Foundation and others. There are 83 active participants who have mental health and substance abuse diagnoses. There are three levels of evaluation: address changes at the gate-keeping county agencies; address changes at the community-service level; and address changes at the individual level.

Issues and Needs

- More mental health professionals needed to assess for Courts
- Judges don't know what to do with this population
- Limited treatment resources – judges concerned about releasing to outpatient treatment
- Loss of SSI while in jail
- Need for special training
- Housing shortage
- Conservatorship
- Organic brain disease

Dr. Joe Goldenson reported on the chlamydia screening program in the jail. Jail Health Services instituted a STD screening program where males ages 18-30 and females ages 18-35 are screened. People who are positive are treated in the jails, and STD has devoted resources to locate and treat people in the community once they have been released from jail. In order to evaluate the impact of the jail's chlamydia screening program, they compared chlamydia rates at two health centers, Southeast and Ocean Park. When the screening started Southeast clinic had a much higher rate of positivity than Ocean Park did. Over the four years of the program the rate has declined at Southeast while remaining constant at Ocean Park. Because a high proportion of people screened in the jails come from neighborhoods in the south east sector of the city, the data suggest that chlamydia screening in the jails has been a factor that has contributed to this decrease. This reinforces their belief that efforts in the jail to identify and treat problems have major impacts on the community.

Future Goals and Directions

- Develop outreach to this population in the community
- Research to determine barriers to DPH services already being provided in the community
- Develop coordinated services among JHS, DPH, other City departments and community agencies
- Educate incarcerated individuals about prevention and primary care opportunities in the community
- While incarcerated, connect them to a neighborhood clinic
- Have social service agencies come into the jail to initiate entitlements

Commissioners' Comments

- Commissioner Guy is very excited that these initiatives that were undertaken by the staff have demonstrated that further collaboration among services providers has successful outcomes. The chlamydia program clearly demonstrates that collaboration and access work. She asked how this can be continued vis-à-vis budget issues, the reorganization that is going on in DPH and other factors. Many of our inmates have complex, severe mental health diagnoses, which can make them a difficult population to work with. Large number of inmates with schizophrenia. These efforts will need funding.

- Commissioner Monfredini asked if inmates are required to be in compliance with medication orders while in jail. Dr. Goldenson said that they have the same rights to refuse medication as someone who is not incarcerated. Dr. Katz added that there is a bill by Assemblymember Thompson that sets conditions for allowing mandatory medication. Commissioner Monfredini asked if inmates are referred to a counselor or psychiatrist when they leave. Ms. Robinson said that they give every inmate that leaves who requests it a two-week supply of medication, a prescription and an appointment. And there are five social workers (in addition to those funded through the MIO grants) whose job is to work with the courts and the clients to get them placed in the community and do follow up. Commissioner Monfredini asked if housing a problem. Ms. Robinson said that through one of the grants there is housing upon discharge. But this is only available for people who are participating in that grants.

- Commissioner Parker said substance abuse is a core problem. We need to get the community involved. DPH is doing its job but cannot succeed alone to reduce substance abuse, which is the foundation of many problems. Need to provide more prevention. Dr. Goldenson said that at times the magnitude of the problem can be depressing but there is hope, for example Proposition 36. This allows people with substance abuse problems to get treatment rather than being put in jail. Commissioner Parker said that when these people are released from jail, who welcomes them? Who gives them a job? Who gives them housing? The community has to be involved.

- Commissioner Chow asked how many inmates succeed after they are released and if not, what are the barriers. Ms. Robinson said that the hope is that the research done on the mentally ill offenders grants—which is being done on all California programs—should give us the information we need on how effective these interventions are. This should be complete in approximately 1 ½ years. Dr. Katz reminded the commissioners that the jail programs are just one, often short, intervention in very complex lives. We need to make sure we set the right goal for jail health services. Dr. Chow said it is very important to see how many of the participants in these innovative programs actually get connected in the community. This will be studied in both the mental health and STD programs. Dr. Goldenson said that a number of years ago they did a study looking at how many people who had tested positive in jail for TB went to a TB clinic post-release. Some interventions led to an increase from 3% to 30%.

7) PRESENTATION OF THE HEALTHCARE ACCOUNTABILITY REPORT

Mitch Katz presented an update on the Health Care Accountability Ordinance. He gave some background on what the Health Commission, when it approved the program, specified be offered in the insurance product. This is the right thing for the Health Department and the right thing for employers. Because of the way it was written there were a number of exemptions. The ordinance is very complicated to implement. The final rules and regulations were only issued in May. Therefore the Department has not been able to undertake an actuarial study, but Dr. Katz anticipates that by October or November they will have the data to undertake the actuarial analysis. He can report in December or January so that the Health Commission can make recommendations for further direction. There are two alternatives for possible consideration. One is to use a Taft-Hartely framework, which is currently available for union employees. Secondly there is state legislation that, if passed, would enable individual employers mandated to provide insurance will be considered a "small employer" and be allowed to participate in the State's small employer purchasing pool.

Dr. Katz that DPH contracts were reviewed and a number were found to be exempt. Of those that fall under the ordinance most contractors are able to comply.

In summary, they have not been able to meet the timelines and the lack of complaints about this ordinance by agencies and employers is because of the work that has been done. Judith Blackwell, the City Purchaser, spoke on behalf of the Office of Contract Administration (OCA). She said they have worked very well with DPH. The regulations that were issued were a result of several extensive meetings with various parties including advocacy groups, non-profits, the health care community and many others. Now they are in the implementation stage. 56 audits have been done to ensure compliance with the ordinance, and OCA is working to ensure that compliance language is included in all future contracts.

Public Comment

Dale Butler, SEIU 790 – this legislation has had a real life impact on people's lives. From the very inception of the ordinance, DPH, OCA, the labor community and Bay Area Organizing Committee have worked very well together. The next step is to figure out other places to go—there are still a lot of people out there without health insurance.

Sister Kathleen Healy, Bay Area Organizing Committee (BAOC) - commended the work of the Office of Contract Administration in implementing this ordinance, and thanked the Commission for the high standards that were set at a low cost for the employee. BAOC understands the delays but looks forward to the ordinance being fully implemented. And they are especially interested in hearing how the program could work for other insured populations in San Francisco.

Commissioners' Comments

- Commissioner Monfredini is proud of what we have done but we need viable data to proceed.

- Commissioner Guy said that the Commission should get another report in January. She was initially disappointed because of the lack of data, which led to her concern about whether or not this was a viable mechanism for providing health insurance. Ms. Blackwell, Dr. Katz and BAOC have convinced her that this question cannot be answered without data. She wants the City to influence passage of the state legislation. The requirement to cover 15-hour per week workers will be difficult to comply with.

- Commissioner Chow is particularly concerned about options for covering employees who work 15 to 20 hours per week. He added that the Commission would need to review the standards in June 2003 so having the data in January is crucial to allowing the Commission to make recommendations in June.

8) PUBLIC COMMENTS

Elizabeth Frantes – offended by Supervisor Leno's medical marijuana proposal because not many people were consulted in its creation. He wants the city to get in the business of growing medical cannabis, which will take years. She does not want access to medical marijuana limited. We need growers coops now. In the name of being a medical cannabis sanctuary please do something.

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez) voted to hold a closed session.

The Commission went into closed session at 5:13 p.m. Present in the closed session were Commissioner Chow, Commissioner Guy, Commissioner Monfredini, Commissioner Parker, Commissioner Sanchez, Mitch Katz, M.D., Norm Nickens, Anthony Grumbach, Deputy City Attorney, and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of a litigated claim for $100,000, Cordero v. CCSF, San Francisco Superior Court Case #324064

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez) approved the $100,000 settlement.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:45 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez) voted not to disclose discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 5:45 p.m.

Michele M. Olson
Executive Secretary to the
Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

SF
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3/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

08-29-02A11:03 RCVD

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
AUG 29 2002
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**Tuesday, September 3, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102**

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF AUGUST 20, 2002**
**Minutes of August 20, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **CHN – Primary Care** – Request for approval of a retroactive contract renewal with Bayview Hunter's Point Multipurpose Senior Center, in the amount of $55,554, to provide therapeutic day treatment services for frail elders and disabled persons living in the Southeast quadrant of San Francisco, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.2) **CHN – SFGH –** Request for approval of a retroactive contract renewal with Dobri D. Kiprov, MD, dba Bay Area Mobile Apheresis Program, in the amount of $215,000, to provide intermittent, as-needed, on-call mobile therapeutic apheresis services, for the period of July 1, 2002 through June 30, 2004.
** Calendaring request memo, Monitoring report summary*

(3.3) **PHP – Epidemiology** – Request for approval of a new retroactive sole source contract with Regents of the University of California, in the amount of $60,000, to provide Preventive Medicine Resident services to DPH Community Health Epidemiology, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo*

(3.4) **PHP – CHPP** – Request for approval of a retroactive sole source contract renewal with Polaris Research and Development, in the amount of $400,000, to provide Black Infant Health program services targeting African American parents and community members, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.5) **PHP – CHPP** – Request for approval of a retroactive sole source contract renewal with Men Overcoming Violence (MOVE), in the amount of $74,965, to provide training and support to service providers who work with men, women and youth regarding domestic violence, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.6) **CBHS – Substance Abuse –** Request for approval of a retroactive contract renewal with Iris Center, in the amount of $975,984, to provide substance abuse services for women, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.7) **AIDS Office – HIV Prevention –** Request for approval of a retroactive contract renewal with Lavender Youth Recreation and Information Center (LYRIC), in the amount of $60,000, to provide HIV prevention and education services to African American men who have sex with men, for the period of July 1, 2002 through December 31, 2002.
** Calendaring request memo, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
**Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE YEAR-END 2001-02 REVENUE AND EXPENDITURE REPORT**
(Gregg Sass, DPH Chief Finance Officer)
**Report*

6) **FOR DISCUSSION:** **PRESENTATION OF THE CHARITY CARE REPORT**
(Colleen Johnson, Assistant Director, Policy and Planning)
Report

7) **FOR DISCUSSION:** **PRESENTATION ON DPH EMERGENCY, DISASTER AND TERRORISM PREPAREDNESS ACTIVITIES**
(John Brown, M.D., Director, Emergency Medical Services)
**Power Point Presentation*

8) **FOR DISCUSSION AND ACTION:** **RESOLUTION APPROVING THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT ENVIRONMENTAL IMPACT REPORT**
(Larry Funk, LHH Executive Administrator)
**Resolution*

9) **PUBLIC COMMENTS****

10) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of an employee grievance for $93,938.15, Gabriel Castillo Grievance, ERD No. 83-02-0790.

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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/3/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, September 3, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Edward A. Chow, M.D., President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Arthur M. Jackson Commissioner Harrison Parker, Sr., D.D.S. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Lee Ann Monfredini Commissioner David J. Sanchez, Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF AUGUST 20, 2002

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) approved the minutes of the August 20, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Jackson chaired and Commissioner Umekubo attended the Budget Committee. Commissioner Monfredini was absent.

101 Grove Street
San Francisco, CA 94102-4505

(3.1) **CHN – Primary Care** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Multipurpose Senior Center, in the amount of $55,554, to provide therapeutic day treatment services for frail elders and disabled persons living in the Southeast quadrant of San Francisco, for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Jackson noted that the demographics of the Bayview are changing, and asked if the agency's client population would begin to reflect this change. Cathy Davis, Executive Director of the Bayview Hunters Point Multipurpose Senior Center said that may happen, but while the demographics of the community are changing, the elderly population has not changed that much.

(3.2) **CHN – SFGH** – Request for approval of a retroactive contract renewal with Dobri D. Kiprov, M.D., dba Bay Area Mobile Apheresis Program, in the amount of $215,000, to provide intermittent, as-needed, on-call mobile therapeutic apheresis services, for the period of July 1, 2002 through June 30, 2004.

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Commissioners' Comments

- Commissioner Umekubo commended the organization on its diverse client base.

(3.6) **CBHS – Substance Abuse** – Request for approval of a retroactive contract renewal with Iris Center, in the amount of $975,984, to provide substance abuse services for women, for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Umekubo asked if the Department was satisfied with the agency's progress toward improving its performance outcomes. Jim Stillwell replied that DPH worked extensively with the agency to correct its deficiencies. This was done partly by restructuring programs and partly through administrative changes and technical assistance. He is happy with the agency's progress.

(3.7) **AIDS Office – HIV Prevention** – Request for approval of a retroactive contract renewal with Lavender Youth Recreation and Information Center (LYRIC), in the amount of $60,000, to provide HIV prevention and education services to African American men who have sex with men, for the period of July 1, 2002 through December 31, 2002.

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) approved the Budget Committee consent calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

State Budget

Early Sunday morning, the Legislature sent its 2002-03 State budget to the Governor. The budget does not increase the vehicle license fee or the tobacco tax as once proposed, but rather bridges the budget gap with revenue enhancements, such as a temporary suspension of the net operating loss deductions for businesses and implementation of a four percent reduction in State government administration. The Legislature's agreement on these revenue enhancements avoided significant reductions in health and human service programs. Though final amendments to the budget bills are not yet in print, it appears that the budget eliminates the Medi-Cal quarterly status reports and provides for the Healthy Families parent expansion to begin in October 2002. The Governor's Office has stated that he is likely to sign the budget on Thursday. The Governor has the ability to line out individual items in the budget bill. Dr. Katz will be able to provide a more complete analysis of the State budget at the next meeting.

AB 915 (Frommer)

At the Department's recommendation, the City sponsored AB 915 (Frommer), which provides supplemental Medicaid reimbursement for outpatient services at public hospitals and adult day health services operated by public entities. AB 915 creates an ongoing program that allows public providers to use local general funds to draw down a federal Medicaid match to help cover the difference between Medi-Cal reimbursement and the cost of providing care. This bill mimics the successful program the City and the Department sponsored last year, which provided additional Medicaid funding for public distinct part nursing facilities like Laguna Honda. AB 915 is expected to generate approximately $6 million in additional revenues for the Department annually. The bill is currently on the Governor's desk awaiting signature and the Department will continue to work with the Mayor's Office and the City's lobbyist to advocate for the Governor's signature.

Active Aging Community Task Force (AACTF) Project

The Community Health Education Section has been asked to serve as the lead for the San Francisco Active Aging Community Task Force (AACTF) Project. The task force will bring together representatives of community-based organizations, as well as the aging, public health, medical, education, and recreation communities. Together they will work to increase public awareness about the benefits of physical activity for older adults and to implement community-based physical activity programs aimed at reducing the risk of chronic disease and falls in older adults. The task force will also serve as a platform for discussion of policy and environmental changes that favor physically active lifestyles.

DPH Prevention Framework

In an effort to better coordinate the various DPH prevention activities, Prevention leadership convened a meeting of section heads on August 12th to develop a DPH wide prevention framework. The group has subsequently developed a draft framework, which includes goals, guiding principles, proposed steps and resources. As part of the process, the Prevention Group will become a workgroup under the guidance of the Department's Integration Task Force and prevention will be discussed every quarter at the Community Programs Management Team Meeting. The Prevention Group will finalize the framework on September 23.

End the Exploitation of Girls Task Force
Spearheaded by Supervisor Tom Ammiano, the Board of Supervisors approved the creation of a task force that will provide policy recommendation and advice to the Board on how to treat the needs of sexually exploited and abused youth. Specifically, the task force will make recommendations regarding the creation of services, the creation and support of a 24-hour hotline, the creation of 24-hour street outreach, and the creation of a safehouse to meet the needs of these youth. Maria Cora, the Women's Health Coordinator, represents the Department on the task force, and Iman Nazeeri-Simmons, the Adolescent Health Coordinator, is providing staff support.

Community Mental Health Services Open House
On Thursday, September 12th, from 1 p.m. to 6 p.m., Community Mental Health Services will host an Open House in its new facility at 2712 Mission Street. This is an opportunity to learn about the range of programs being provided under one roof, such as Mission Mental Health, Mission ACT, Bed Committee, Residential Care, Long-term Care Team and Discharge Liaison Team. A Self Care and Self-Healing Community Education program will run from 1 p.m. to 2:30 p.m., with the dedication and reception from 3:30 p.m. to 6 p.m.

Emergency Medical Services' Open House
Everyone is invited to visit the new Emergency Medical Services Section offices, located at 68 - 12th Street, Suite 220, at the intersection of South Van Ness and 12th Street, during their open house on Tuesday, September 10th from 10 a.m. to 6 p.m. The facility will serve as the Department's Operations Center in times of disaster. Snacks, tours and handouts on our current disaster and EMS programs will be provided.

Commissioners' Comments

- Commissioner Umekubo commended staff for their work on AB 915. California ranks 49th or 50th in terms of matching federal dollars. He asked what happens to the Turk Street command center during an emergency. Dr. Katz said that Turk Street is the citywide command center. Each department then has its own center, which for DPH will be at the new EMS site.

- Commissioner Guy commended the Department for taking it upon itself to create and pursue funding opportunities.

5) PRESENTATION OF THE YEAR-END 2001-02 REVENUE AND EXPENDITURE REPORT

Gregg Sass, DPH Chief Finance Officer, presented the year-end 2001-2002 Revenue and Expenditure Report. This report presents the preliminary estimates of the year-end financial projection of revenues and expenditures for the Department of Public Health for fiscal year 2001-2002. Based on this data,

the Department is projecting a year-end surplus of $48.6 million for FY 2001-02. This surplus represents 4.8% of the $1.013 billion adjusted budget of FY 2001-02. These projections are based on revenue collected and billed, and expenses incurred for the 12 months of the fiscal year ending June 30,

2002. Mr. Sass emphasized that the report still needs to be audited, and also that it includes approximately $12 million in requested carry-forwards that are still subject to approval by the Controller's Office and the Mayor's Office.

Mr. Sass highlighted four important points from the report. First, the surplus represents a reduced general fund contribution to the Health Department, rather than a profit. Second, the surplus enabled the Health Department to help balance the city's budget for FY 2001-02. The Department was required to contribute $30.4 million help balance the budget, and has met and exceeded that requirement. The third point is that the surplus is almost entirely a result of increased revenues, primarily at San Francisco General Hospital, Laguna Honda Hospital, Primary Care and Mental Health. This is significant because the Department was able to meet its budget reduction target and return funds to the general fund without significant service cuts. Finally, the surplus provided almost $20 million in general fund to carry over to the FY 2002-03 budget, which enables the Department to continue to maintain services levels.

Mr. Sass presented two tables which show preliminary 4th quarter financial data by department (Attachments A and B). The second table is adjusted for SB 855 payments and revenues. While this adjustment does not change the final outcome it more accurately depicts San Francisco General Hospital's actual revenues and expenditures.

Mr. Sass said that some programs, particularly in Substance Abuse, Mental Health and Substance Abuse were significantly impacted by the hiring freeze.

Mr. Sass highlighted some of the large revenue variances. Most of San Francisco General Hospital's revenue variances are non-recurring, including cost report adjustments and additional SB 855 revenues. However the MediCal and FQHC payment rate increases will continue. The majority of the hospital's variance in expenditures is due to increased patient volume and increase in the PBM program.

Laguna Honda Hospital has a $12 million surplus, which is primarily related to increased reimbursement in distinct part skilled nursing care. Primary Care also benefited from the increase in the FQHC payment rates and there is an additional $2 million prior year settlements.

The large negative variance in Jail Health is a result of the continuing under budgeting of salaries and benefits in the Jail Health budget. This was an expected loss.

Commissioners' Comments

- Commissioner Parker asked why there was a surplus in the Healthy Kids Project. Mr. Sass said that the Healthy Kids surplus is a result in delays in starting the new program.

- Commissioner Jackson asked if there would ever be a time when DPH would be able to keep its surplus revenue. Dr. Katz replied that it is conceivable, but reminded the Commission that there have been times when the Department has needed a supplemental appropriation. In addition, the Mayor's office has already allowed the Department to keep $20 million of the surplus. Further, the Mayor's Office has said they would use the additional surplus to offset any reductions that might occur this budget the year. Finally, the Department's most pressing needs require on-going dollars, and the surplus is largely one-time funds.

- Commissioner Guy said that the Department has a relationship with the City that allows it to get general fund dollars to further the mission of the Health Department, which is somewhat unique to

San Francisco. In addition, it is important that the budget be transparent and credible, and that the Department clearly shows what its budget needs are. The jails continue to be significantly underfunded, and this is one area where help would be appreciated.

- Commissioner Umekubo commended all the divisions for their great work. He specifically mentioned the success of San Francisco General Hospital and Laguna Honda Hospital for controlling their pharmacy costs.
- Commissioner Chow said that the City has been extremely supportive of the various initiatives the Department has undertaken, and this is very fortunate. The additional surplus gives the Department the opportunity to advocate that the approved positions be released as soon as possible.

6) PRESENTATION OF THE CHARITY CARE REPORT

Colleen Johnson, Assistant Director, Policy and Planning, presented the Charity Care Report.

In July 2001 the Board of Supervisors passed the Charity Care Policy Reporting and Notice Requirement ordinance. The ordinance passed in order to enable the City and County of San Francisco to evaluate the need for charity care in the community and to plan for the continued fulfillment of the City's responsibility to provide care to indigents and the uninsured. At the time the ordinance was passed there were 156,000 uninsured residents, many who rely on charity care to access needed primary and acute care services.

The ordinance's definition of charity care is consistent with the definition of the California Office of Statewide Planning and Development. The ordinance also provided a specific definition of hospitals that qualify as reporting under the ordinance. The hospitals are St. Francis, St. Mary's, St. Luke's, California Pacific Medical Center and Chinese Hospital. San Francisco General Hospital (SFGH) is exempt, voluntarily reported its charity care.

The Ordinance requires that hospitals report very specific information:

- Charity care charges
- Cost to charge ratio information
- Accepted and denied applications
- Zip codes of accepted and denied applicants
- Unduplicated patients
- Types of services received by charity care patients
- Copies of all charity care policies

There are also notification requirements, which are verbal notification and posting of notices in English, Spanish and Chinese in the emergency department, billing office and waiting rooms.

This is the first report under the ordinance. Hospitals were largely compliant. Where hospitals were unable to comply, they addressed these areas in their compliance plans.

Ms. Johnson noted that Chinese Hospital participates in the Hill-Burton program, which is excluded from the City's and State's definition of charity care because of the link to low-cost financing. Because Chinese Hospital will provide charity care only under the Hill-Burton program until its Hill-

Burton debt is repaid, most of the items required by the ordinance are not relevant to Chinese Hospital at this time.

142,738 applications for charity care were accepted by the five reporting hospitals in 2001. 89 percent of these applications were accepted at SFGH. St. Luke's and St. Mary's each accounted for 5% of charity care applications. Between 113 and 123 applications were denied.

Hospitals were required to report charity care patients by zip code. (St. Luke's Hospital, who served 6,722 charity care patients, was unable to provide this data.) While charity care usage was concentrated in certain supervisorial districts, specifically Districts 6, 9 and 10, residents of all supervisorial districts received charity care.

83,285 charity care cases were provided by the reporting hospitals. 81 percent of these cases were served by San Francisco General Hospital. St. Mary's and St. Luke's each constitute 8.1 percent of charity care cases. Of all charity care provided, 45% were outpatient services, 38% were inpatient services and 17% emergency services. In each service area, SFGH provided the majority of charity care services.

Hospitals reported their charity care charges and their cost to charge ratios, which are the percentage of charges that are actual costs. Using this ratio provides a more accurate comparison.

Cost to Charge Ratio

Hospital	Cost to Charge Ratio
St. Francis	28.36%
St. Mary's	29.77%
St. Luke's	38.6 %
CPMC	28 %
Chinese	56.7 %
SFGH	74 %

Hospital's charity care expenditures ranged from approximately $900,000 at St. Francis to approximately $56 million at SFGH.

All hospitals provided copies of charity care policies. These policies varied in detail and scope. All had an application and internal tracking and handling policies. None but SFGH had an appeals process. Necessary documentation and eligibility criteria varied.

All hospitals provided copies of posted notices. Only SFGH provided posted notices in Spanish and Chinese in addition to English. Chinese Hospital provided notices in Chinese. (They requested and were granted an exemption from the Spanish language posting because their records indicate that no persons of Latino or Hispanic descent accessed services at the hospital.)

With regard to compliance plans, St. Francis and St. Mary's said that partial data on missing information could be provided by FY 2003. St. Luke's missing information can be provided by December 2002. CPMC has said they will not be able to comply with the requirement to report medical facilities to which patients are referred.

Ms. Johnson presented the data from a number of different perspectives to attempt to assess the data provided.

Per Patient Expenditures - In FY 01 reporting hospitals spend between $265 and $2,362 per patient served. St. Mary's had the lowest per patient cost and provided most of its care on an outpatient basis. CPMC had the highest per patient cost and serves most of its charity cases in the emergency room.

Hospital Beds v. Charity Care Services Provided – the five reporting hospitals have 3,214 licensed beds between them. When comparing the percentage of all licensed beds to the percentage of charity care provided, SFGH provided a disproportionate amount of charity care services.

Charity Care Expenditures v. Hospital Expenditures – The percentage of charity care compared to total operating expenses ranged from 0.3% (CMPC) to 15.9% (SFGH).

Private non-profit hospitals incur a number of benefits from their non-profit status, including private donations, low-cost financing and exemption from federal, state and local taxes. The report compared the value of the charity care provided with the value of the tax-exempt status.

Tax exemptions v. charity care expenditures

- Together, all six reporting hospitals provided $35 million in charity care in excess of the benefits from tax exemption
- Excluding SFGH, the five non-public reporting hospitals received tax benefits of $21.2 million beyond what they provided in charity care
- Two of the five non-public reporting hospitals provided charity care in excess of tax benefits

Looking forward

- SB 1394 (Ortiz) – would have expanded charity care reporting and policy requirements; pre-empted local charity care ordinances. This bill died in the 2002 legislative session but may be addressed again in 2003.
- State Charity Care Guideline Changes – expands charity care reporting and policy requirements. Public comment closes 9/20/02.
- Interest from Nassau County New York

The fiscal year 2002 charity care reports begin to be due in November. Ms. Johnson said that having more than one year's data would allow staff to make recommendations on potential policy changes.

Dr. Katz said that it is wonderful that so many hospitals not only complied but also are providing charity care. The report demonstrates that there is a wide range of charity care being provided by community hospitals. He does not undervalue the other work that hospitals do—teaching, providing under-reimbursed services, etc. This effort came out of a discussion about what San Francisco really needs, and that is more charity care. There are some hospitals that need to be encouraged to provide more charity care.

Public Comment
Ron Smith, Executive Director of the Hospital Council, said many of his member hospitals did not receive the report until today, so he hopes that the Health Commission will allow

comment on this report at a future meeting. There is no legal connection between the city's definition of charity care and income tax regulation. The tax law says that the promotion of health constitutes a charitable purpose. 80% of the health of San Franciscans is provided by community hospitals. Hospitals look at promoting the health of the community from a broader perspective than DPH defines charity care.

Commissioners' Comments

- Commissioner Guy appreciates that so many hospitals have complied with the ordinance. Now that DPH has actual data that can be reviewed further through the joint conference committees as a basis for developing further recommendations. Given that San Francisco General Hospital and Chinese Hospital voluntarily reported their charity care, she urges Kaiser and UCSF to voluntarily provide reports so that DPH can have a more complete community assessment. She understands and acknowledges that this is not the only way hospitals are part of the community.

- Commissioner Umekubo concurred with Commissioner Guy. UC and Kaiser provide charity care, so it would be helpful to have the complete picture.

- Commissioner Parker stated that DPH is the safety net for the City and rightly so provides the bulk of charity care for San Franciscans. The report is not to show that DPH is competing with community hospitals or to embarrass other hospitals, but rather to provide a framework for the City to ensure and maintain the safety net.

- Commissioner Jackson hopes that in the future there will be more consistent eligibility requirements for charity care.

- Commissioner Chow said that this has been a controversial issue, and for the first time DPH has had this data. The CHN Joint Conference Committee provides an opportunity for continued dialogue and input from the Hospital Council and other hospitals. Part of that discussion can include a discussion of the State changes. Now, the question is how DPH can enhance charity care. He also asked that a copy of the report be forwarded to the Board of Supervisors with the Commission's recommendation that Kaiser and UC voluntarily submit reports, and asked the Department to ask Kaiser and UC to voluntarily report their charity care.

7) PRESENTATION ON DPH EMERGENCY, DISASTER AND TERRORISM PREPAREDNESS ACTIVITIES

John Brown, M.D., Director, Emergency Medical Services, gave a power point presentation on DPH/EMSS Disaster Preparedness, specifically, improvements that have been made since the events of September 11, 2001.

Organization

- EMS is in the process of reinforcing their disaster organization, which uses the Incident Command System/Standardized Emergency Management System.
- EMS has undertaken a rewrite of the DPH Disaster Plan, which is approximately 90% finished. It is designed to be a process, not a static document.

- Improved Communications ability.
  - All EMS units have the ability to use the city's 800 mHZ system.
  - All hospitals have quadruple redundant communications systems. Tests are done on a weekly basis.
  - DPH has developed a health advisory network, which is a way to communicate directly with San Francisco physicians during an emergency.
  - Pager system for DPH command and control staff
  - Disaster/MCI links with hospitals
  - MCI Level 1 policy implemented
  - Regular DPH and hospital communication checks

- Bioterrorism Working Group
  - Implemented the Bio Threat Response Plan, completed 9/1
  - Tabletop exercises on Anthrax, Smallpox
  - Epidemiology Response Team training
  - Hospital Preventive Treatment Centers

- Emergency Response Map

Training

- Components
  - On-line resources available to all providers
  - SFGH/UCSF Satellite courses with CDC
  - DPH Employee Disaster Training
  - Site-specific refreshers given by SFGH, Tom Waddell and other clinic staff

- Exercises conducted at SFGH, EOC and DOC

Facilities

- New Department Operations Center (open house on September 10, 10 a.m. to 6:00 p.m.)
- Site Security
- Garage and two street access
- Room for all 4 ICS branches
- Helicopter Access
  - Emergency Air Access policy & training
  - Hunter's Point Public Safety Helipad – 1st FAA approved site
  - SFGH Pad feasibility study has begun

Equipment and Supplies

- Weapons of Mass Destruction Incidents – EMS has pharmaceutical caches, disaster caches, hospital provider preparation, and 55 EMS ambulances prepared.

- Materials examples: chemical exposure, radiation injury, biological threats, and conventional explosions

Direction for the Future

- Completion of the DPH Disaster Plan rewrite
- Improvement of Air Medical Access
- Replenishment of Pharmaceutical Caches
- Exercising with National Pharmaceutical Stockpile
- Trauma System full implementation
- Exercise involving all EMS system components
- Ongoing training improvements
- Staffing for bioterrorism and disaster registry programs
- Improvement in DPH to Community MD communications (HAN) link
- Sentinel Event Program (SEEPS)
- Additional Multi-Casualty Incident Capacity

Commissioners' Comments

- The main city center is on Turk Street and is the coordination center for the Mayor and his staff and the incident command team for the city. Each department has its own command center, and each department would have a different role to play. Some department staff would go to the EOC, and some to the DOC.

- Commissioner Parker asked if there is any division between natural disaster training and the terrorism preparedness training. Dr. Brown said EMS is attempting to develop systems that would be effective to respond to any type of disaster. They have been participating with State and Federal agencies on training specific to bioterrorism preparedness. Commissioner Parker asked what the appropriate level of NERT participants is. Dr. Brown, currently have 5,000. The goal is to have 65,000 to 70,000 participants.

- Commissioner Chow asked if the exercises take into account simultaneous disasters that require the Fire Department to be in multiple locations. Dr. Brown said there was a drill on this specific type of incident, and seemed to work well for them. The drill is focusing on the reserve capacity integrated into the response, and how to expand and incorporate volunteers.

- Commissioner Umekubo asked Dr. Brown to elaborate on plans to improve communications with community physicians. Dr. Brown said that communication now is via fax and e-mail. Because physicians may not constantly check e-mail EMS wants to move toward other electronic messenger modes, such as pagers.

- Commissioner Guy asked if the kits are on both private and public ambulances. Dr. Brown said yes, all permitted ambulances are required to have MCI kits. Commissioner Guy asked if 9/11 changed EMS's priorities and readiness, and is this the direction DPH needs to go. Dr. Brown said that there is danger in skewing preparedness in one particular way, but thus far EMS has been able to enhance overall capabilities to respond to many types of incidents.

- Commissioner Jackson asked if appropriate pharmaceuticals and other resources would be available in an emergency. Dr. Brown said it depends on the situation. For example if there was a building collapse, could serve a smaller number of people. If it was more preventive, for example small pox, they could serve a larger number.

8) RESOLUTION APPROVING THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT ENVIRONMENTAL IMPACT REPORT

Larry Funk, LHH Executive Administrator, presented the proposed resolution approving the Laguna Honda Hospital Replacement Project Environmental Impact Report.

John Malamut from the City Attorney's office explained the action item before the Health Commission. The project has had significant review by oversight bodies including the Planning Commission and Board of Supervisors. However, none of these entities has the ability to approve the entire project, only pieces of the project. The Health Commission has the authority to approve and adopt the Laguna Honda Hospital Replacement Project. Before doing so, the California Environmental Quality Act (CEQA) requires that the Commission consider findings, adopts a Mitigation, Monitoring and Reporting Program and find that nothing has significantly changed since the time the Planning Commission approved the FEIR. In adopting the proposed resolution, the Commission does all three things.

Commissioner Chow amended the resolution to clarify language. The second point of the second resolved clause will now read "(2) approval of Alternative Three will not require important revisions to the FEIR as there are no new significant environmental effects or substantial increase in the severity of previously identified significant effects;"

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) adopted Resolution # 10-02 titled "Adopting Findings Pursuant to the California Environmental Quality Act and Approving the Laguna Honda Hospital Replacement Project" (Attachment C), with the amendments noted above.

9) PUBLIC COMMENTS

Thomas Lister, HIV positive individual, said that he was infected with HIV by someone who denied that he was HIV positive. He filed a civil suit against this individual who was a former Health Commissioner, Ron Hill. A $5 million judgement was awarded. The District Attorney's Office has not gone after Mr. Hill. He asked the Health Commission to contact the District Attorney's Office on his behalf because this is a health issue.

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) voted to hold a closed session.

The Commission went into closed session at 5:30 p.m. Present were Commissioner Chow, Commissioner Guy, Commissioner Jackson, Commissioner Umekubo, Dr. Katz and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of an employee grievance for $93,938.15, Gabriel Castillo Grievance, ERD No. 83-02-0790.

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) approved the employee grievance for $93,938.15.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:59 a.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Umekubo) voted not to disclose any discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 6:00 p.m.

Michele M. Ols

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (3)

Department of Public Health
Preliminary 4th Quarter (Year End)
Financial Statement FY 01-02

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget (1)	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 477,553,000	$ 486,775,000	$ 9,222,000	$ 477,553,000	$ 466,051,000	$11,502,000	$20,724,000
Laguna Honda	140,691,000	152,120,000	11,429,000	140,691,000	139,968,000	723,000	12,152,000
Primary Care	45,694,000	48,833,000	3,139,000	45,694,000	44,548,000	1,146,000	4,285,000
Health at Home	5,024,000	4,919,000	(105,000)	5,024,000	4,546,000	478,000	373,000
Jail Health	24,609,000	24,401,000	(208,000)	24,609,000	25,786,000	(1,177,000)	(1,385,000)
Public Health	91,730,000	91,918,000	188,000	91,730,000	86,111,000	5,619,000	5,806,000
Mental Health	164,495,000	163,305,000	(1,190,000)	164,495,000	159,304,000	5,191,000	4,001,000
Substance Abuse	64,172,000	64,576,000	404,000	64,172,000	61,933,000	2,239,000	2,643,000
Subtotal	**1,013,968,000**	**1,036,847,000**	**22,879,000**	**1,013,968,000**	**988,247,000**	**25,721,000**	**48,599,000**
FY 01-02 GF Reduction & FY 02-03 Budget		(30,400,000)	(30,400,000)				(30,400,000)
TOTAL DPH	**1,013,968,000**	**1,006,447,000**	(7,521,000)	**1,013,968,000**	**988,247,000**	**25,721,000**	**18,199,000**

Attachment A
Page 1 of 1

Department of Public Health

Financial Statement
Adjusted for SB 855
Fiscal Year Ending June 30, 2002

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget (1)	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 477,553,000	$ 486,775,000	$ 9,222,000	$ 477,553,000	$ 466,051,000	$ 11,502,000	$20,724,000
SB855 Adjustment	(92,325,000)	(70,523,000)	21,802,000	(92,325,000)	(70,523,000)	(21,802,000)	0
SFGH - Revised	$ 385,228,000	$ 416,252,000	$ 31,024,000	$ 385,228,000	$ 395,528,000	$ (10,300,000)	20,724,000
Laguna Honda	140,691,000	152,120,000	11,429,000	140,691,000	139,968,000	723,000	12,152,000
Primary Care	45,694,000	48,833,000	3,139,000	45,694,000	44,548,000	1,146,000	4,285,000
Health at Home	5,024,000	4,919,000	(105,000)	5,024,000	4,546,000	478,000	373,000
Jail Health	24,609,000	24,401,000	(208,000)	24,609,000	25,786,000	(1,177,000)	(1,385,000)
Public Health	91,730,000	91,918,000	188,000	91,730,000	86,111,000	5,619,000	5,806,000
Mental Health	164,495,000	163,305,000	(1,190,000)	164,495,000	159,304,000	5,191,000	4,001,000
Substance Abuse	64,172,000	64,576,000	404,000	64,172,000	61,933,000	2,239,000	2,643,000
Subtotal	**921,643,000**	**966,324,000**	**44,681,000**	**921,643,000**	**917,724,000**	**3,919,000**	**48,599,000**
FY 01-02 GF Reduction & FY 02-03 Budget (2)		(30,400,000)	(30,400,000)				(30,400,000)
TOTAL DPH	**921,643,000**	**935,924,000**	**14,281,000**	**921,643,000**	**917,724,000**	**3,919,000**	**18,199,000**

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-02

ADOPTING FINDINGS PURSUANT TO THE CALIFORNIA ENVIRONMENTAL QUALITY ACT AND APPROVING THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT

WHEREAS, Laguna Honda Hospital and Rehabilitation Facility provides skilled nursing care to 1,065 frail elderly and disabled adults and has traditionally served 1200 residents; and,

WHEREAS, Laguna Honda Hospital must be rebuilt to comply with federal licensing and reimbursement standards and to ensure that the facility meets seismic safety standards; and,

WHEREAS, the Centers for Medicare and Medicaid Services (was formerly Health Care Financing Administration) has required the Department to reduce census at Laguna Honda to enhance resident privacy, and if Laguna Honda is not rebuilt at federal standards, then the Centers for Medicare and Medicaid Services may seek further reductions in the Hospital's census or decertification of the facility; and,

WHEREAS, projections indicate that there will be increased demand for skilled nursing care in San Francisco by the year 2010 and beyond, which supports the need to continue Laguna Honda Hospital as a vital component of the long-term care delivery system; and,

WHEREAS, assisted living is being proposed on the Laguna Honda Campus to ensure that the Campus has a range of housing opportunities, and to address a deficit in the number of assisted living/supportive housing opportunities for the elderly and disabled in the City and County; and,

WHEREAS, the replacement of Laguna Honda Hospital is not in conflict with the goal of caring for individuals in the community, whenever it is appropriate to do so, because the Hospital is designed for elderly and disabled adults who cannot be cared for in either their homes and/or community-based settings; and,

WHEREAS, the San Francisco Planning Commission, at its meeting of June 27, 2002 unanimously certified the Final Environmental Impact Report (FEIR) for the Laguna Honda Hospital Replacement Project, adopted findings pursuant to the California Environmental Quality Act (CEQA), and issued various approvals relating to the Replacement Project identified as Alternative Three (Partial Preservation Alternative); and,

WHEREAS, the Project FEIR files have been made available for review by this Commission and the public. These files are available for public review by appointment at the Planning Department offices at 1660 Mission Street, and are part of the record before the Commission; and, WHEREAS, the Planning Commission, at its meeting of June 27, 2002 unanimously approved a request for an Amendment to the Zoning Map to change the height district for the developable areas of the property from 80 feet to 90 feet and to adjust the boundary between the developable areas and the Open Space areas of the property; and,

WHEREAS, the San Francisco Recreation and Park Commission, at its meeting of June 13, 2002, and the Planning Commission, at its meeting of June 27, 2002 unanimously approved a determination of no significant shadow impact on Midtown Terrace Park from the construction of a proposed 7-story, 87-foot-high building on Clarendon Hill; and,

WHEREAS, the Planning Commission, at its meeting of June 27, 2002 unanimously approved a request for Conditional Use Approval under Planning Code Section 271(a), for an exemption from the bulk requirement, and under Section 157, for parking exceeding accessory amounts; and,

WHEREAS, the Planning Commission, at its meeting of June 27, 2002 unanimously found the Project consistent with the City's General Plan; and,

WHEREAS, the San Francisco Board of Supervisors, at an appeal hearing on August 12, 2002 unanimously affirmed the Planning Commission certification of the FEIR; now, therefore, be it

RESOLVED, that the San Francisco Health Commission has reviewed the FEIR and considered the Planning Commission Motion No. 16452 certifying the FEIR and finding the FEIR adequate, accurate and objective, and reflecting the independent judgment and analysis of the Planning Commission, and hereby relies on said FEIR as the basis for its determination; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission finds, based on substantial evidence in light of the whole record, that: (1) Alternative Three, the partial preservation alternative, is within the scope of development analyzed in the FEIR; (2) approval of Alternative Three will not require important revisions to the FEIR as there are no new significant environmental effects or substantial increase in the severity of previously identified significant effects; (3) taking into account Alternative Three and other changes analyzed in the FEIR, no substantial changes have occurred with respect to the circumstances under which the Project is undertaken that would require major revisions to the FEIR due to the involvement of new significant environmental effects, or a substantial increase in the severity of effects identified in the FEIR; and (4) no new information of substantial importance to the Project has become available which would indicate (a) the Project or the approval actions will have significant effects not discussed in the FEIR, (b) significant environmental effects will be substantially more severe; (c) mitigation measures or alternatives found not feasible which would reduce one or more significant effects have become feasible; or (d) mitigation measures or alternatives which are considerably different from those in the FEIR would substantially reduce one or more significant effects on the environment; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission has reviewed and considered the FEIR and, in its own independent judgment and analysis, hereby adopts the Findings attached hereto as Attachment A, including Exhibit 1 (Mitigation Measures) and Exhibit 2 (the Mitigation Monitoring and Reporting Program), and incorporates the same herein by this reference; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission approves and adopts the proposed Project, Alternative Three (Partial Preservation Alternative) to build a 1,200 skilled nursing bed facility and 140 assisted living units; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission authorizes the Department of Public Health to complete plans for the proposed Project, construct the project as soon as possible, and take any and all actions necessary to diligently complete the Project.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of September 3, 2002.

Michele Olson
Executive Secretary to
the Health Commission

Attachment A: Findings, Mitigation Measures, and
Mitigation Monitoring and Reporting Program

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

20

17/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.dph.sf.ca.us

AGENDA

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HEALTH COMMISSION MEETING

Tuesday, September 17, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF SEPTEMBER 3, 2002**
**Minutes of September 3, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) **DPH-Administration** - Annual Report of Gifts Received in FY 2001-2002.
Report

(3.2) **CHN-Office of Managed Care** – Request for approval of a no-cost contract modification with San Francisco Health Plan to reflect a change in the funding, so that $2,029,000 in Proposition D, Children's Funds, can be used.
** Calendaring request memo, Monitoring report summary*

(3.3) **CBHS–Substance Abuse** – Request for approval of a retroactive contract renewal with Jelani, Inc., in the amount of $2,583,429, for the provision of residential and outpatient substance abuse treatment services, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Corrective Action Plan and Monitoring report letters, Monitoring report summaries, Client demographic information forms.*

(3.4) **CBHS–Substance Abuse** – Request for approval of a retroactive contract renewal with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc., in the amount of $846,484, for the provision of substance abuse services, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report letter, Monitoring report summaries, Client demographic information forms.*

(3.5) **CBHS–Mental Health** – Request for approval of a retroactive contract renewal with Community Vocational Enterprises, Inc., in the amount of $1,193,667 per year for four years, for a total contract value of $4,774,668, for the provision of vocational support and employment services, for the period of July 1, 2002 through June 30, 2006.
** Calendaring request memo, Monitoring report summary, Client demographic information forms.*

(3.6) **CBHS–Substance Abuse** – Request for approval to retroactively accept and expend a grant from the Substance Abuse and Mental Health Services Administration, in the amount of $1,000,000, for Treatment on Demand Services and Evaluation, for the period of August 1, 2002 to July 31, 2003.
** Calendaring request memo, Budget pages, Grant Information Form.*

4) FOR DISCUSSION: DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF SEPTEMBER
**List of Awardees*

6) FOR DISCUSSION: PRESENTATION OF THE SCHOOL HEALTH/WELLNESS CENTER REPORT
(Sai-Ling Chan-Sew, Director, CMHS, CYF Section)
**Report*

7) PUBLIC COMMENTS**

8) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Settlement on an unlitigated contractual dispute between the City and County of San Francisco and Health Management Systems, Inc., for a $550,000 payment to the City and amendment to the contract. City Attorney File No. 021180

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH, DR. MITCH KATZ

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. OLSON

D) Reconvene in Open Session

1. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, September 17, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Edward Chow, M.D. at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D., President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner David J. Sanchez, Ph.D.

Commissioner Chow noted the resignation of Commissioner Arthur Jackson. This will be a great loss to the Commission. Commissioner Jackson was dedicated to the Health Department and provided wise counsel. Commissioner Chow announced that he is appointing Commissioner Monfredini to assume the role of the Budget Committee Chair for the remainder of the year.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF SEPTEMBER 3, 2002

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Umekubo) approved the minutes of the September 3, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo and Commissioner Parker attended, the Budget Committee meeting.

(3.1) **DPH-Administration** - Annual Report of Gifts Received in FY 2001-2002.

Commissioners' Comments

- Commissioner Umekubo thanked the volunteers at both Laguna Honda Hospital and San Francisco General Hospital for their hard work and dedication.

(3.2) **CHN-Office of Managed Care** – Request for approval of a no-cost contract modification with San Francisco Health Plan to reflect a change in the funding, so that $2,029,000 in Proposition D, Children's Funds, can be used.

- Commissioner Umekubo abstained from voting on this item.

(3.3) **CBHS–Substance Abuse** – Request for approval of a retroactive contract renewal with Jelani, Inc., in the amount of $2,583,429, for the provision of residential and outpatient substance abuse treatment services, for the period of July 1, 2002 through June 30, 2003.

- Jim Stillwell said that the agency's submission of reports has been timely since the monitoring report. The more problematic issue is client turnover. DPH still believes that the number of patients who complete the entire program needs to be higher. Staff wants to continue to explore the options for improving retention.

Commissioners' Comments

- Commissioner Monfredini said that, while the Commission is committed to the agency, there are concerns about turnover, and asked the agency to describe how it was going address this issue. Gwendolyn Johnson, Executive Director of Jelani, said they are looking at a new program structure. The summertime is when they have the most problem with retention, so they will be focused on developing summer programs. Commissioner Monfredini asked that an update be given to the CHN Joint Conference Committee in 60 days.

- Commissioner Parker asked if the Proposition 36 model is different from their other programs. Ms. Johnson said that there are some differences due to the requirements of Proposition 36, but the programs are mostly similar. Mr. Stillwell said that the Proposition 36 clients participate in the outpatient program, which has been performing relatively well.

(3.4) **CBHS–Substance Abuse** – Request for approval of a retroactive contract renewal with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc., in the amount of $846,484, for the provision of substance abuse services, for the period of July 1, 2002 through June 30, 2003.

- Commissioner Monfredini and Commissioner Umekubo asked for a report after 3 months to the Community Health Network Joint Conference Committee.

(3.5) **CBHS–Mental Health** – Request for approval of a retroactive contract renewal with Community Vocational Enterprises, Inc., in the amount of $1,193,667 per year for four years, for a total contract value of $4,774,668, for the provision of vocational support and employment services, for the period of July 1, 2002 through June 30, 2006.

(3.6) **CBHS–Substance Abuse** – Request for approval to retroactively accept and expend a grant from the Substance Abuse and Mental Health Services Administration, in the amount of $1,000,000, for Treatment on Demand Services and Evaluation, for the period of August 1, 2002 to July 31, 2003.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Umekubo) approved the Budget Committee consent calendar, with Commissioner Umekubo abstaining on Item 3.2. Item 3.3 will be reported back to the Community Health Network Joint Conference Committee in 60 days and Item 3.4 will be reported back to the Community Health Network Joint Conference Committee in 90 days.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

State Budget

On Thursday, September 5th, the Governor signed the 2002-03 State budget - more than two months after it was due. The Governor signed a $99 billion budget and used his blue pencil to veto $235 million from the budget submitted to him by the Legislature. The budget includes $7.5 billion in reductions for a number of State programs, including some health care programs; billions of dollars in loans; and an unspecified $750 million reduction in State administration. Though most of the vetoed funds were allocated for health care, social service and county programs, the cuts were less severe than anticipated and the budget still retains many of the programs the Governor had previously proposed for significant reductions. The budget was passed without increases to the State's cigarette tax or the vehicle license fee. A more detailed report on the budget will be presented to the Health Commission on October 2nd.

Older Adults and Traffic Safety

Michael Radetsky, from the Community Health Education Section, served as a member of The California Task Force on Older Adults and Traffic Safety, which recently issued a final report with recommendations. The report, a product of an 18-month planning effort, is the first step in a coordinated statewide effort to improve traffic safety for older Californians. The final report is available on-line at: www.eldersafety.org/oats/finalrpt.pdf.

Southeast Neighborhood Jobs Initiatives Roundtable

On August 21st, Adult Mental Health Services sponsored a roundtable discussion on workforce and economic development. The goals of the event were to create a community agenda on jobs, inform the community of existing opportunities, and work together to meet the challenges of the community. Approximately 250 individuals attended the event, which was moderated by Belva Davis of KQED and Supervisor Sophie Maxwell.

Western Addition Town Hall Meeting on Breast Cancer

On Thursday, September 19th, the Department's Breast and Cervical Cancer office will lead a town hall meeting on breast cancer services in the Western Addition. The town hall will be held at Rosa Parks Apartments, 1251 Turk St from 6:00 p.m. to 8:30 p.m. Since the first town hall on breast cancer in 1998 there have been seven additional town halls. While the program is open to all San Franciscans, low-income women over 40 years of age with a particular focus on women between 50 and 64 years old will be the constituency for this event. The program will include a panel of women from the community living with breast cancer to discuss their individual experiences, overview of breast cancer by Judith Luce, M.D., followed by a question and answer session with the participants. In addition to the town hall program, from 1:00 p.m. to 6:00 p.m. we will provide a women's clinic with clinical breast exams, blood pressure and diabetes screening, acupuncture, dental screening, massage therapy, stress reduction workshops, consultations with health care providers and mammograms provided through the UCSF mammography van.

Chinatown Child Development Center 30th Anniversary

The Chinatown Child Development Center (CCDC) will celebrate its 30th Anniversary on September 25th from 3:30 p.m. to 6:00 p.m. The Center has been providing an array of multilingual and cultural services to families and individuals in the community since 1972. At the Center's location at 720 Sacramento Street, staff provides services such as group, family and individual counseling, medication evaluations and even socialization groups for children. Over the years, CCDC has developed strong relationships with other service providers, facilitating a strong sense of community among staff, patients and the community-based agencies who serve them.

Community Health Network/San Francisco General Hospital
Credentials Report

September 2002
Health Commission – Director of Health Report
(From 09/09/02 MEC and 09/10/02 JCC)

	09/02	2002 YTD
New Appointments	37	169
Reinstatements		1
Reappointments	32	308
Delinquencies	0	0
Reappointment Denials	0	1
Resigned/Retired	16	155
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	2	10
Voluntary Relinquishments	4	10
Proctorship Completed	23	122
Current Statistics – as of 09/01/02		
Active Staff		390
Affiliate Professionals (non-physicians)		145
Courtesy Staff		491
Referring Staff		42
Total Members		**1068**
Applications In Process	49	
Applications Withdrawn Month of Sept 2002	2	15 YTD
SFGH Reappointments in Process - October to January 2003	161	

Commissioners' Comments

- Commissioner Monfredini asked what the outreach plan is for the Western Addition Town Hall Meeting on Breast Cancer. Dr. Katz said he would follow up with her on this.

- Commissioner Guy emphasized that outreach is also needed for the mammography van. She asked if the van would be visiting clinics on a regularly scheduled basis. Dr. Katz said that yes, the van is going to the different health centers on a schedule and people can both drop in as well as make appointments. Gene O'Connell added that the van is also part of the Avon grant, which included additional outreach workers and patient advocates.

- Commissioner Umekubo asked if screenings are done regularly at town hall meetings. Dr. Katz said that a variety of screenings are done.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF SEPTEMBER

Commissioner Guy presented the Employee Recognition Awards for September.

Individual Awardee	**Division**	**Nominated by**
Suzanne Garnier, R.N.	CHN - Health at Home	Mary McCutcheon, Diane Jones and Pamela Bohmann, Health at Home

Team Awardees	**Division**	**Nominated by**
Environmental Health Services, Complaint Program, Field and Support Staff	PHP – Environmental Health Services	Helen Zverina, Supervisor, Complaint Program

Adrian Bermudez
Norma Castro
Corey Chrisman
Mulenga Hamilton
Olga Jaurigui
Uzziel Prado
Irene Sanchez
Erlinda Solano

6) PRESENTATION OF THE SCHOOL HEALTH/WELLNESS CENTER REPORT

Sai-Ling Chan-Sew, Director, CMHS, CYF Section, presented the School Wellness Center Report.

The Wellness Center initiative is a collaborative effort of the Department of Children, Youth and their Families (DCYF), DPH and the San Francisco Unified School District (SFUSD) to support adolescent health and wellness. The centers bring together a wide range of integrated health, behavioral health and support services at high schools. The wellness centers emerged from a youth-initiated process spearheaded by Youth Making a Change and are located in seven high schools. Youth identified behavioral health, reproductive health and linkages to health resources as their primary needs.

The goals of the wellness centers are to increase:

- Youth's awareness of and access to health services
- Health-related information at all grade levels
- Linkage between school administration and the wellness center
- Outreach and linkages to community partners
- Youth's healthy behavior and capacity to develop personal and social skills
- Access to substance abuse prevention services
- Access to mental health services
- Youth's attachment to school
- Youth's academic performance

The wellness centers provide direct services, health resources and education and referrals to community health clinics and services. Direct services include health assessment, case management and mental health and substance abuse counseling.

Ms. Chan-Sew gave an overview of the budget for the program. The annual core City funding is $1.4 million, with $700,000 coming from the Children's Fund and $700,000 from the General Fund. Each wellness center has one wellness coordinator, two days of nursing, one half-time mental health counselor, one half-time substance abuse counselor and one peer resources coordinator and $2,500 for medical and office supplies. Many of the centers have a community health outreach worker.

Over 30 organizations have partnered with wellness centers to provide onsite services and linkages to the community.

The total number of students in the seven high schools with wellness centers is 11,750. In the 2000-2001 school year 3,934 students were served. Based on the total budget of $1.4 million, the cost per student impacted is $119. The cost per number of students served is $356.

For the first semester of the 2001-2002 school year, 2,175 students were served. ETR Associates, an evaluator for SFUSD's school health programs, found that when wellness high schools are compared to non-wellness schools in the district, wellness schools had:

- 5% fewer students reported problems with depression or having considered suicide.
- 5-15% fewer students reported using tobacco, drugs or alcohol.
- At least 15% fewer students reported having been offered or sold a drug on school property.

Ms. Chan-Sew presented three case studies of students who have utilized the wellness centers.

Ten high schools to not have wellness centers. One of these is Balboa, which has a teen clinic.

Challenges

Sustainability

- Commitment of $1.4 million does not include annual COLA adjustments
- Core funding is dependent upon City Funds
- Sustainability next steps include including wellness center staff in Medical Administrative Activities billing through SFUSD, to continue to explore Medi-Cal reimbursements for

EPSDT services, investigate leveraged funding opportunities from State and Federal sources and private foundations and increased public awareness.

Consent and Confidentiality

- Wellness centers are located on school sites, therefore, are subject to different confidentiality law then other models.
- Consent and confidentiality next steps included holding trainings and, in the next school year, adopting standard forms and procedures.

Initiative plans for the 2002-2003 school year include youth outreach workers, professional development, increased community awareness and comprehensive evaluation.

2002-03 DPH Efforts

- Depression and suicide awareness outreach (within schools and with parents)
- Developments of school-based behavioral health services model

In summary, the wellness centers provided a platform for a variety of health education services. This could not have been possible without the support and cooperation of SFUSD, and Ms. Chan-Sew introduced Trish Bascom, the director of Health Programs at SFUSD. Ms. Bascom thanked the Commission for its support of the effort and said one of the emphases of this year is evaluation. Ms. Chan-Sew also introduced Stacy Blankenbaker, the wellness center initiative manager and the liaison between the three major partners. She introduced the wellness coordinator from Marshall High School, who emphasized that the schools are where the services need to be. Ms. Blankenbaker also introduced the coordinators from Washington High School, Lowell High School and John O'Connell High School.

Jamila, a 10th grade student at John O'Connell High School conveyed that the program at the school gives students a place to go and keeps them away from other things. The nurse is good because previously they would have to go home for minor injuries and now they can be seen on site. At the wellness center students can talk to counselors about family issues without having to go through so much trouble.

Commissioners' Comments

- Commissioner Chow asked if other agencies work at the school site. Ms. Chan-Sew said that in addition to the RAMS and AARS staff, there are other agencies that make arrangements to provide services at different school sites. The wellness center coordinator is aware of the services provided on his or her campus, and can link the students with these services.

- Commissioner Umekubo congratulated staff on the great program. He asked for an explanation of the difference between the Balboa Teen Clinic and the school wellness centers. Ms. Chan-Sew said that the clinic is quite different with a full complement of direct clinical services on the school site. It is a much more expensive model.

- Commissioner Guy is pleased to see that this model is working. A lot of challenges had to be overcome. The next step is to stabilize funding for the current school sites. She asked Ms. Bascom how the Board of Education viewed the program. Ms. Bascom replied that the Board of Education supports this programs because it allows students to stay at school. A formal presentation has not been made by the Board of Education, although one has been presented to the joint Board of Supervisors/Board of Education Committee. Ms. Bascom is incredibly excited by this program and the one indication of success was the testimony from students at a recent Board of Supervisors' hearing.

- Commissioner Chow said that this is a welcome report and pleased that the partners, including the school district, are committed to health as an educational issue. He asked what the key challenges were in terms of sustainability. Ms. Chan-Sew said that the General Fund portion of the budget has to be allocated every year. The DCYF portion is allocated as a match to the General Fund, so its allocation is hinged to the General Fund appropriation. That is why it is key to collect the evaluation data. Dr. Katz said that the wellness model is a very promising direction and has applicability not only for the school system but for all the services DPH provides. The wellness centers have enjoyed a lot of support so he believes they will be sustained. However, it might be hard to expand to program in the near future. Dr. Katz commended Ms. Chan-Sew.

7) PUBLIC COMMENTS

None.

8) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Umekubo) voted to hold a closed session.

The Commission went into closed session at 4:20 p.m. Present in closed session were the Health Commissioners, Dr. Katz, Deputy City Attorney Ellen Shapiro, Gregg Sass and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Settlement on an unlitigated contractual dispute between the City and County of San Francisco and Health Management Systems, Inc., for a $550,000 payment to the City and amendment to the contract. City Attorney File No. 021180

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Umekubo) approved the settlement between the City and County of San Francisco and Health Management Systems, Inc., for a $550,000 payment to the City and amendment to the contract.

D) Reconvene in Open Session

The Commission reconvened in open session at 4:40 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Umekubo) voted not to disclose any discussions held in closed session.

9) CLOSED SESSION

This closed session was continued to the October 1, 2002 Health Commission meeting.

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH, DR. MITCH KATZ

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. OLSON

D) Reconvene in Open Session

1. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

10) ADJOURNMENT

The meeting was adjourned at 4:41 p.m.

Michele M

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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02 **Lee Ann Monfredini**
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, October 1, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF SEPTEMBER 17, 2002**
**Minutes of September 17, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **PHP- STD Prevention and Control** – Request for approval to accept and expend retroactively a new three-year grant from the Centers for Disease Control, in the amount of $160,000 for the first year, to fund the Outcome Assessment Through Systems of Integrated Surveillance (OASIS) project, for the period of September 30, 2002 to September 29, 2003.
** Calendaring request memo, Grant information form, Budget justification*

(3.2) **PHP-Community Health Services/AB75 Project** – Request for approval of a renewal contract with Lifemark Corporation, in the amount of $190,000, to provide fiscal intermediary services for the California Healthcare for Indigents (CHIP) Hospital and Physician Program, for the period of November 15, 2002 through March 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.3) **CHP-Primary Care** – Request for approval of a retroactive sole source contract renewal with Tides Center-Women's Community Clinic, in the amount of $50,000, to provide health services to uninsured women, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Client demographic information form, Monitoring report summary, Response memo*

(3.4) **CBHS-Mental Health and Substance Abuse** – Request for approval of a retroactive contract renewal with Walden House, in the amount of $7,648,465, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2002 through June 30, 2003.*
** Calendaring request memo, Monitoring report memo, Monitoring report summaries and Corrective action plans, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
**Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE TOBACCO CONTROL UPDATE**
(Alyonik Hrushow, Tobacco Free Project)
**Update*

6) **FOR DISCUSSION AND ACTION:** **RESOLUTION APPROVING THE PROPOSAL FOR SMOKELESS TOBACCO SETTLEMENT FUNDS**
(Alyonik Hrushow, Tobacco Free Project)
Report and Resolution

7) **FOR DISCUSSION:** **PRESENTATION OF THE STATE BUDGET UPDATE**
(Colleen Johnson, Assistant Director, Office of Policy and Planning)
**Update*

8) **PUBLIC COMMENTS****

9) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of settlement in the amount of $1,900 in the Mariano v. San Francisco Unified School District and Department of Public Health, Community Mental Health Services, Special Education Hearing Office, Case Nos. SN 02-00356 and 02-00632, City Attorney File No. 021183

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH, DR. MITCH KATZ

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. OLSON

D) Reconvene in Open Session

1. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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1/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, October 1, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by President Chow at 3:10 p.m.

Present:
Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Commissioner Chow announced two changes to Joint Conference Committee assignments. Commissioner Umekubo will be a member of the Laguna Honda Hospital Joint Conference Committee. Commissioner Parker will replace Commissioner Umekubo on the San Francisco General Hospital Joint Conference Committee.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF SEPTEMBER 17, 2002

Action Taken: The Commission approved the minutes of the September 17, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo attended, the Budget Committee meeting.

(3.1) **PHP- STD Prevention and Control** – Request for approval to accept and expend retroactively a new three-year grant from the Centers for Disease Control, in the amount of $160,000 for the first year, to fund the Outcome Assessment Through Systems of Integrated Surveillance (OASIS) project, for the period of September 30, 2002 to September 29, 2003.

(3.2) **PHP-Community Health Services/AB75 Project** – Request for approval of a renewal contract with Lifemark Corporation, in the amount of $190,000, to provide fiscal intermediary services for the California Healthcare for Indigents (CHIP) Hospital and Physician Program, for the period of November 15, 2002 through March 31, 2004.

(3.3) **CHP-Primary Care** – Request for approval of a retroactive sole source contract renewal with Tides Center-Women's Community Clinic, in the amount of $50,500, to provide health services to uninsured women, for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Monfredini noted that for the past several years, funding for this contract has been taken out of the budget than added back in by the Board of Supervisors. She said it would make more sense to add the program permanently to the budget.

(3.4) **CBHS-Mental Health and Substance Abuse** – Request for approval of a retroactive contract renewal with Walden House, in the amount of $7,648,465, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Monfredini asked why the organization has been late with its financial reports for the past two years. Mr. Stillwell said they have replaced the accounting system twice within the past two years. The late financial reports are still a concern for the Department. Commissioner Monfredini expressed concern that the organization's executive director was not at the meeting. Walden House does good work but the Commission takes this problem very seriously. She asked for a letter from the executive director with a detailed explanation about what steps have been taken to address the problems, and asked that a status report be given to the Budget Committee in 90 days. She requested Walden House's executive director's presence at that meeting.

- Commissioner Umekubo said it is disturbing that the agency has done business with the Department for 30 years yet has had trouble getting its financial information to the Department on time.

Commissioners' Comments – Health Commission Meeting

- Commissioner Parker asked that the letter from the executive director include a description of the 13.5 positions that are being eliminated.

Action Taken: The Commission approved the consent calendar of the Budget Committee, with the direction that for Item 3.4, the contract with Walden House, an update be presented to the Budget Committee in 90 days, that the executive director attend that Budget Committee meeting, and that he submit a letter explaining in detail why the report was late.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Legislative Update

On September 21st, the Governor signed AB 915 (Frommer), a State bill sponsored by the City and County of San Francisco and the Department of Public Health. AB 915 establishes the Medi-Cal Outpatient Certified Public Expenditure Program to allow local health jurisdictions and the University of California to use local General Fund dollars to obtain federal financial participation for the unreimbursed costs of providing hospital outpatient services and adult day health services to Medi-Cal patients. In fiscal year 2002-03, the Department estimates that it will be able to receive $5 million in supplemental Medicaid reimbursement under this new program. Many thanks go to the Mayor's Office and the California Association of Public Hospitals who were critical to securing the passage of this important bill.

Yesterday, however, the Governor vetoed two important harm reduction bills authored by Senator John Vasconcellos. SB 1785 would have allowed pharmacies to sell adults up to 30 syringes without a prescription. SB 1734 would have allowed authorized needle exchange programs to distribute needed materials, such as sterile water, cotton and alcohol pads, without fear of arrest, and would have changed the requirement that local governments reissue a state of emergency declaration every 14 to 21 days, allowing the declaration to be revisited annually. Though the Governor did not prepare a veto message for SB 1785, he stated in his veto message for SB 1734 that existing law related to needle exchange programs "strikes an appropriate balance between the public health and public safety concerns." This is an unfortunate setback for harm reduction and public health policy in California. The City strongly supported both of these bills and the Department will continue to work on these important issues with our community partners in the upcoming Legislative session.

Smallpox Tabletop Exercise

An interdepartmental Smallpox Tabletop Exercise took place September 9th. The purpose was to: (1) identify and prioritize critical areas and major deficits for smallpox preparedness in San Francisco, (2) identify issues that need to be addressed for a smallpox response, and (3) meet the partners who would be involved in the event of a smallpox release, discuss their roles, and learn from their perspectives. Participants included DPH, the Mayor's Office of Emergency Services, Fire, the San Francisco Medical Society, Kaiser Permanente, UCSF, the California Department of Health Services, federal Department of Health and Human Services, the FBI, and the federal Centers for Disease Control and Prevention. The outcome from this tabletop will be a Smallpox Action Plan for San Francisco.

Russian-Speaking Newcomers Celebration and Community Assessment

Newcomers Health Program hosted a Russian-speaking newcomers community celebration entitled "*Let's Be Healthy*" on September 20th. During the event findings were shared from the Newcomers Health Program recently completed community assessment report of the Russian-speaking newcomer population in San Francisco. Participants also had an opportunity to learn about services and resources available to the Russian-speaking population. Roma Guy, Health Commissioner, and representatives from the California Refugee Health Section and Refugee Medical Clinic participated in the program and highlighted the contributions of the community and the benefits of the assessment for the health and well being of the community. Over one hundred people attended the successful event.

North of Market Senior Services Remodel

North of Market Senior Services will be holding a "groundbreaking" ceremony for their remodel project on October 10th at 12:30pm. The remodel will enhance the health and social services continuum already provided by North of Market Senior Services by creating 13 units of permanent housing for homeless seniors, and consolidating the social day care center Substance Abuse Treatment Services and the Senior Sobriety Center on the ground floor of 315 Turk St. The building is adjacent to the main service site at 333 Turk St., which now houses the primary care clinic, a congregate dining room, case management, public health nursing case managers and, until the completion of the remodel, substance abuse treatment services.

Weighty Matters Conference

On September 17th, the Department's Public Health Nutrition Services and Child Health and Disability Prevention programs hosted a one-day conference to expand the skills and perspectives of service providers related to the management and prevention of childhood obesity. This successful event, entitled "Weighty Matters: A Conference Featuring Practical Weight Management Approaches for Children," was attended by 244 health care providers from agencies throughout the Bay Area.

Mammogram Screening in Bayview Hunter's Point

On September 9th and 10th, Southeast Health Center participated in a Breast Cancer Screening event at the Bayview Hunters Point YMCA. The event was sponsored by Big BAM, a New York foundation focused on providing free mammograms to low-income women. In San Francisco, Big BAM partnered with Giants Baseball for the event. Approximately 50 women were screened. An additional 60 women were scheduled for a second screening event to be held at Southeast Health Center on October 30th. Many thanks to Cheree Benton for coordinating this very successful community wellness activity.

CHN Staff Selected as Fellows

Dr. Katz announced that Mivic Hirose and Christine Wachsmuth, CHN Associate Hospital Administrators, were selected as Fellows in the California HealthCare Leadership Program, sponsored by the Centers for Health Professions at UCSF. Mivic and Chris join 25 top healthcare leaders in receiving this prestigious recognition and opportunity to study in this 2-year program.

SFGH 2002 CALS/JCAHO Survey – Revisited

In the 2002 CALS/JCAHO Survey, SFGH received 12 Type I Recommendations and a grid score of 84. After careful consideration, the SFGH Executive Committee agreed to appeal eight of the 12 Type I Recommendations. Last week, SFGH was notified that JCAHO had accepted seven of the eight appeals. In addition, the grid score increased from 84 to 87. Of the seven successful appeals, three of the initial Type I Recommendations were deleted altogether. In addition, four of the Type I Recommendations were reduced to Supplemental Recommendations, leaving only five Type I Recommendations that now require a six-month written progress report. Congratulations to everyone who worked on these successful appeals.

Commissioners' Comments

- Commissioner Monfredini asked how much time people have to get vaccinated after a smallpox infection. Dr. Katz said that most people over 36 or 37 years of age born in the U.S. have been vaccinated and will at least get partial immunity. Using as an example a case identified in Nevada, if DPH succeeded in vaccinating everyone in 4-5 days, there would be no danger of a smallpox outbreak. One confirmed case of smallpox would trigger this plan.

- Commissioner Chow asked if it is going to be the recommendation that people who have already had the vaccination be revaccinated. Dr. Katz said yes. Commissioner Chow asked what protocol San Francisco would be following in terms of people such as health care workers getting vaccinated ahead of time. Dr. Katz said this is still being developed at the Federal level and is a very complex issue.

- Commissioner Parker asked if DPH has been able to evaluate the level of healthiness of the people participating in the Newcomer Program as compared to the population that has been in the United States for a long time. Dr. Katz said that each wave of newcomers has brought its own issues. With regard to the Russian community he has heard the issues being inadequate prior medical care and mental health issues. He will ask to program if it has collected data.

- Commissioner Umekubo asked if DPH is looking at all the hospitals to participate in the Smallpox Action Plan. Dr. Katz replied that the plan is not yet finished but the plan would ask both private and public hospitals to participate. Every facility would be required.

5) PRESENTATION OF THE TOBACCO CONTROL UPDATE

Alyonik Hrushow, Director of the Tobacco Free Project (TFP), gave a power point presentation (Attachment A) about the Tobacco Free Project. The presentation gave background on the tobacco epidemic and its impact on California and San Francisco. Ms. Hrushow summarized the 2001-2004 TFP Plan that includes policy advocacy, enforcement of tobacco control laws, media, community capacity building projects and cessation programs. Ms. Hrushow described the evaluation outcomes for each of the interventions.

Ms. Hrushow also discussed some of the global advocacy efforts to counter transnational tobacco and said that the rationale for such efforts is that, because Philip Morris is housed in the United States, DPH has a moral duty. Moreover, 25 percent of Californians are foreign born and have high smoking rates. The kind of marketing that is going on in other countries is no longer permitted in the United States.

In closing, Ms. Hrushow said that as Prop. 99 funds are decreasing and tobacco industry expenditures are increasing the program would at some point come before the Health Commission.

Dr. Katz commended Ms. Hrushow for her multi-pronged approach, and for her success in the face of very large tobacco companies that do not have the public's health in mind.

Public Comment

- Gordon Mar, Chinese Progressive Association, expressed strong support for the good work of the Tobacco Free Project and is impressed by comprehensive approach to tobacco control. The community capacity building projects have been key to the success. All diverse communities are represented. He reiterated the importance of looking at the issue from a global perspective because San Francisco has so many immigrants.

- Carol McGruder, San Francisco African American Tobacco Free Project, said that the Tobacco Free Project is very inclusive. Tobacco control is not a luxury. African American elders have been impacted by smoking. As we look at shrinking dollars, remember that tobacco prevention is a necessity. The tobacco industry is targeting Africa, Asia and Latin America and DPH needs to focus on these communities.

- Michelle Rivero, American Lung Association, is the newly elected co-chair of the Tobacco Free Coalition. Projects that are funded by the Tobacco Free Project have a big impact on the community. She helps people in multi-family housing units organize and advocate for smoke-free policies, which gives them a lot of empowerment. She asked the Commission for its continued support for the Tobacco Free Project. Commissioner Chow asked if people are generally cooperative. She said yes, generally. This might be due to the laws that have passed and people getting used to behavioral changes.

- Evelyn Castillo, American Lung Association, Director of Tobacco Control and member of the Tobacco Free Coalition. She applauds the success and strategic efforts of the Tobacco Free Project. The group is very community driven. The community capacity building model is the most effective and culturally appropriate model. International efforts are critical. She urged the Commission to consider using Proposition A funds for global tobacco control efforts.

Commissioners' Comments

- Commissioner Parker said that society has to make an economic commitment to address the tobacco industry's marketing strategies. The tobacco industry will circumvent prevention strategies so DPH has to continually change its approach. In terms of citations for selling tobacco to minors, he asked if there is data on what percentage of those citations are in "mom and pop" stores, in chain stores, etc. Ms. Hrushow said they do not have that data for San Francisco. There have been proposals to give cities more teeth.

- Commissioner Umekubo asked if the trend for decreased prevalence of youth smoking is a national trend. Ms. Hrushow said that it is decreasing for youth overall. The prevalence in the 18-24 age group has increased.

- Commissioner Sanchez supports the focus on the diverse communities. He asked if the increase in spending was specific to tobacco products or related to their subsidiary operations. Ms. Hrushow said it is specifically related to tobacco products.

- Commissioner Guy stated that the comprehensive approach to this effort, as well as the "think locally act globally" perspective, is supported and appreciated by the Health Commission. With regard to the budget, the success of the Tobacco Free Project and other groups has led to reduced funding so it would be helpful in the next round to identify specific needs.

- Commissioner Chow said that the global approach is important and it is quite clear that the program has a limited Asian focus (understanding that CPA gets a direct grant from the State). Are there other programs in San Francisco that are not part of this report that target the Asian community, and should these be included in some way in the report? Smoking is a large problem in the Asian community, there are many immigrants, and there should continue to be a focus.

6) RESOLUTION APPROVING THE PROPOSAL FOR SMOKELESS TOBACCO SETTLEMENT FUNDS

Alyonik Hrushow, Tobacco Free Project, presented a resolution approving the proposal for smokeless tobacco settlement funds. San Francisco has received a settlement of $313,465.

Action Taken: The Commission approved Resolution #11-02 (Attachment B), "Approving the Proposal for the Use of Smokeless Tobacco Settlement Funds."

7) PRESENTATION OF THE STATE BUDGET UPDATE

Colleen Johnson, Assistant Director, Office of Policy and Planning, presented an update on the State budget.

Legislative Highlights

- AB 915 (Frommer) – On September 21st, Governor Gray Davis signed AB 915. Sponsored by the City and County of San Francisco and DPH, this bill establishes a Medi-Cal Outpatient Certified Public Expenditure Program, which will allow DPH to use local General Fund dollars to obtain federal financial participation for the unreimbursed costs of providing hospital outpatient services and adult day health services to Medi-Cal patients. This will result in an estimated $5 million for DPH.

- AB 2197 (Koretz) – Provides Medi-Cal benefits to low-income, non-disabled Californians with HIV. An estimated 1,700 people living with HIV will benefit in the first year. The expansion is funded with savings derived from moving Medi-Cal beneficiaries with AIDS into managed care.

2002-2003 State Budget Overview

- The governor signed a $98.9 billion State budget on September 5th.
- Addressed a $23.6 billion gap
- $79.2 billion General Fund revenues and transfers, which is a 7.1% increase over 2001-2002
- $76.7 billion General Fund expenditures
- The Governor vetoed $235 million from the Legislature's budgeted, 75% of which was from Health and Human Service programs. However, the cuts were less severe than anticipated and the budget still retains many of the programs the governor had previously proposed for significant reductions.

Health-Related Provisions

- DSH – increased the State administrative fee by $55.2 million. This is estimated to reduce SFGH revenues by $2 million
- Provider Rates – cut in half provider rates that were increased two years age. Anticipated to have a minimal effect on the Department.
- The legislature rejected the proposal to reinstitute quarterly State reporting.

- Does not implement express lane eligibility, which would simplify enrollment in Medi-Cal
- Healthy Families – indefinitely postpones parent expansion and does not extend the Medi-Cal to Healthy Families bridge one additional month.
- Children's System of Care was reduced by $13.8 million, which is estimated to reduce the Department's allocation by $420,000.
- AB 2034 is reduced by $10 million, which is estimated to reduce the Department's allocation by $184,000.
- AB 3632 (Services to Special Education Pupils) – the budget imposed a moratorium on reimbursements. This will affect the Department's cash flow but not reimbursement, as legislation was passed to clarify that counties are entitled to 100% reimbursement.
- EPSDT – Implemented 10% county share of cost on growth. Estimated to cost DPH an additional $80,000.
- CSAS Community Treatment Programs were reduced by $7.5 million. The effect on DPH is unknown.
- Drug Court Partnership Program – appropriates $4.9 million to a modified program. The Department receives $300,000 for the current drug court program. The future allocation is unknown at this time.
- Perinatal Services – Transfers $1.5 million in federal block grant funds to continue this program. Ensures continued funding for the Department to continue this program.
- Trauma Services – Provides $20 million for trauma services. Anticipated to result in a grant to the Department of $750,000.
- Supportive Housing – eliminates all funding for this program. This does not impact DPH's supportive housing initiatives.
- HIV/AIDS Programs – maintained funding for all HIV/AIDS programs and increased ADAP (AIDS Drug Assistance Program) by $20.4 million to fully fund the program.
- CHDP – Provides $8.8 million for the CHDP Gateway Program. No direct impact on DPH.

Looking Forward

Ms. Johnson said that is it likely that there will be additional budget cuts in FY 2002-2003. The State budget relies on $1.1 billion in increased federal funding, $300 million of which is anticipated Medicaid revenues. Congress may not act to appropriate these funds before it adjourns in October.

The FY 2003-2004 budget deficit is expected to exceed $10 billion. The current budget relies on one-time revenue boosts, revenues accelerations and expenditure deferrals, borrowing from future years' revenues, and accounting shifts and transfers. It did not make deep budget cuts. So next year's $10 billion deficit will be felt more significantly. The State Legislature will likely take a new look at realignment funding in 2003 and, given the State's anticipated financial picture, these discussions will be extremely difficult. DPH receives approximately $145 million—15% of the total budget—in realignment.

Dr. Katz said that the Department is getting better at working with the State, and AB 915 is a big success that would not have happened a few years ago. The Medi-Cal issue will be large—there may be significant reductions.

Commissioners' Comments

- Commissioner Chow, speaking about AB 2197, asked if bringing these people under managed care would disrupt their care. Dr. Katz said that if it approved by CMS it would only affect people who do not have insurance. Further, it relies on people voluntarily moving from fee-for-service to managed care.

- Commissioner Parker asked if the safety net is getting stronger or weaker? It seems that DPH is slowly losing ground. Dr. Katz said that, when looking at shear dollars, the Department's budget still had been increasing even taking into account inflation. This is the first fiscal year that DPH's budget did not keep up with inflation. The biggest hole is facilities.

Public Comment
- Patrick Monette Shaw – AB 2197 will not just have an effect on the uninsured. He said it is inappropriate to be asking people who have cognitive deficits to volunteer for this program, since they cannot comprehend what it is they are deciding. And there are other diseases that lead to death and it is not right to extend Medi-Cal to a portion of the community and not others.

8) PUBLIC COMMENTS

- Rueben David Goodman asked for an investigation of SFGH's Emergency Psychiatric Services. The SFPD takes people to EPS to harass people and to avoid investigating assaults against mentally ill people. He has been subject of a hate crime but the police did not investigate but instead took him to EPS. Plus they served him pork, which he does not eat, at EPS. He asked the Commission to stop serving pork.

- Patrick Monette-Shaw – Before conducting Dr. Katz's performance evaluation in closed session and awarding him a bonus, it would be a travesty of justice if Katz is again so rewarded while human suffering caused by AIDS healthcare service cuts occurred. Katz's staff is possibly directly responsible for loss of $2.2 million in CARE Act funds last February; San Francisco is set to lose additional CARE funds next year. Katz's AIDS managers possible errors include failing to ensure SF remained in compliance with federal conditions of award, violating Sunshine requirements, untimely contracts execution, over-allocating Administrative Expenses, and unspent CARE funds, among others. Katz is directly responsible for his management team. As you surely know, CARE ACT services have been eliminated this FY, ten service subcategories may vanish next FY, and untimely deaths may occur. No more bonuses as usual!

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 5:10 p.m. Present in the closed session were the Health Commissioners, Dr. Mitch Katz, Sai-Ling Chan-Sew, Deputy City Attorney Frederick Sheinfield and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of settlement in the amount of $1,900 in the Mariano v. San Francisco Unified School District and Department of Public Health, Community Mental Health Services, Special Education Hearing Office, Case Nos. SN 02-00356 and 02-00632, City Attorney File No. 021183

Action Taken: The Commission voted to approve the settlement in the amount of $1,900 in Mariano v. San Francisco Unified School District and Department of Public Health, Community Mental Health.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:15 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose any discussions held in closed session.

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 5:20 p.m. Present in the closed session were the Health Commissioners.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH, DR. MITCH KATZ

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. OLSON

D) Reconvene in Open Session

The Commission reconvened in open session at 7:25 p.m.

1. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

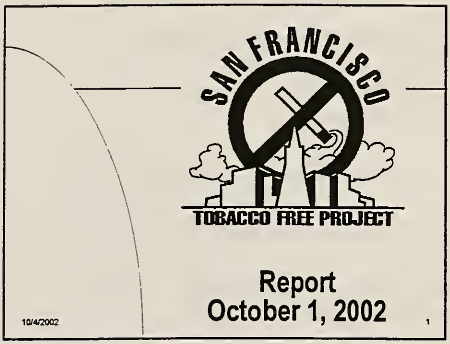
Action Taken: The Commission voted not to disclose any discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 7:26 p.m.

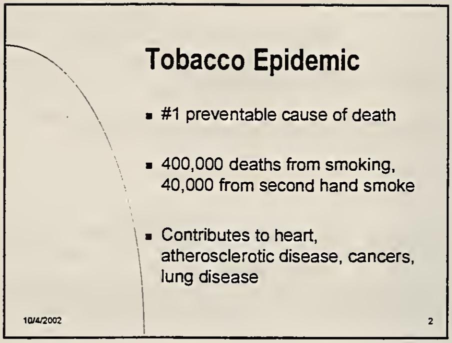
Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)



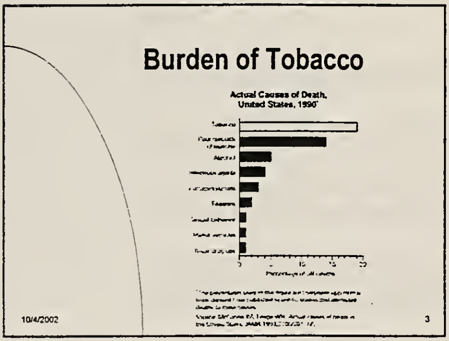
SAN FRANCISCO
TOBACCO FREE PROJECT

Report
October 1, 2002

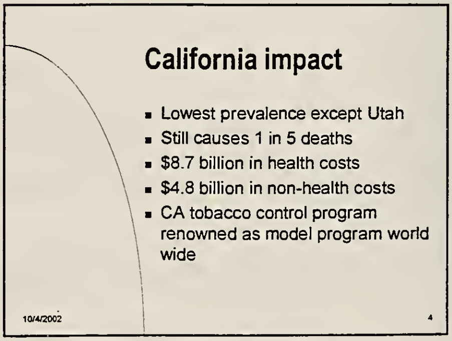


Tobacco Epidemic

- #1 preventable cause of death
- 400,000 deaths from smoking, 40,000 from second hand smoke
- Contributes to heart, atherosclerotic disease, cancers, lung disease

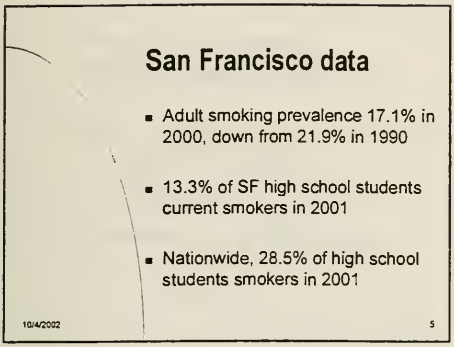


Burden of Tobacco



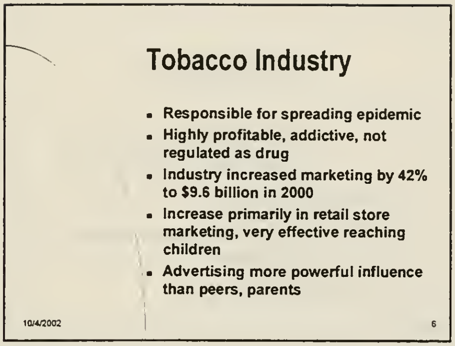
California impact

- Lowest prevalence except Utah
- Still causes 1 in 5 deaths
- $8.7 billion in health costs
- $4.8 billion in non-health costs
- CA tobacco control program renowned as model program world wide



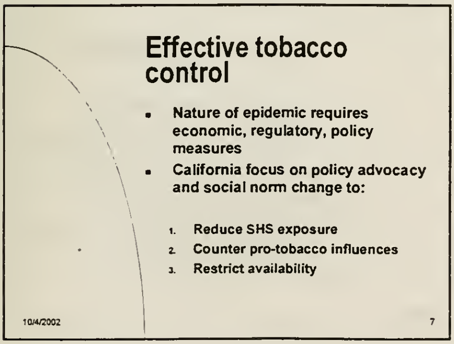
San Francisco data

- Adult smoking prevalence 17.1% in 2000, down from 21.9% in 1990
- 13.3% of SF high school students current smokers in 2001
- Nationwide, 28.5% of high school students smokers in 2001



Tobacco Industry

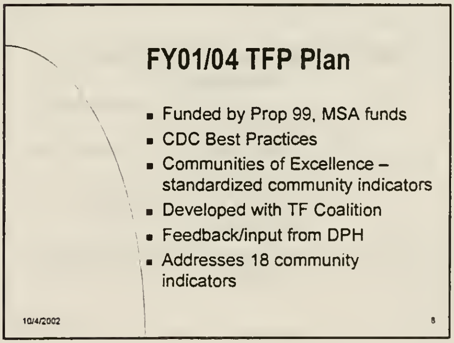
- **Responsible for spreading epidemic**
- **Highly profitable, addictive, not regulated as drug**
- **Industry increased marketing by 42% to $9.6 billion in 2000**
- **Increase primarily in retail store marketing, very effective reaching children**
- **Advertising more powerful influence than peers, parents**



Effective tobacco control

- **Nature of epidemic requires economic, regulatory, policy measures**
- **California focus on policy advocacy and social norm change to:**

1. **Reduce SHS exposure**
2. **Counter pro-tobacco influences**
3. **Restrict availability**



FY01/04 TFP Plan

- Funded by Prop 99, MSA funds
- CDC Best Practices
- Communities of Excellence – standardized community indicators
- Developed with TF Coalition
- Feedback/input from DPH
- Addresses 18 community indicators

Interventions

- Policy Advocacy
- Enforcement of tobacco control laws
- Media
- Community Capacity Building
- Cessation

Community Capacity Building Component

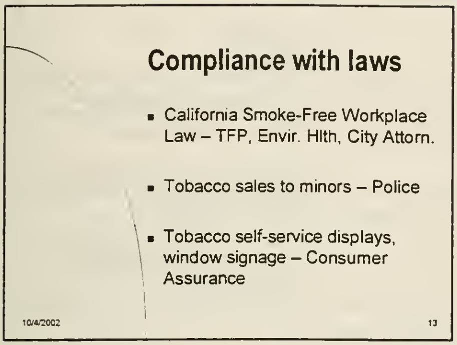
- 7 funded community agencies
- Staff provide TA, training
- Recruit, train advocates
- Conduct action research
- Policy advocacy campaigns
- Community driven

Funded CCB Projects

- LEJ – Merchants' good neighbor policy
- Youth Skills Project – smoke-free entrance policy
- Girls' After School Academy – smoke-free housing policy at Sunnydale
- Latino Issues Forum – college campus tobacco control policies

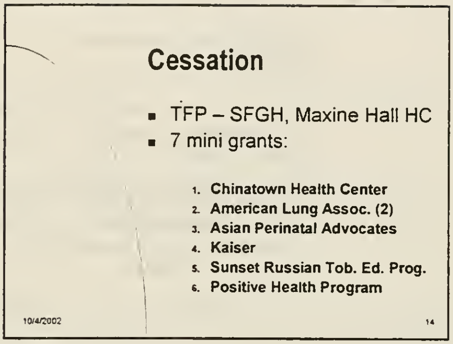
Funded CCB Projects

- SF African American TFP – tobacco divestment in "1,000 Churches Connected" guidelines
- Mission Housing Dev. Corp.- tobacco control recommendations for Mission District Plan.
- American Lung Assoc. – smoke-free housing policies



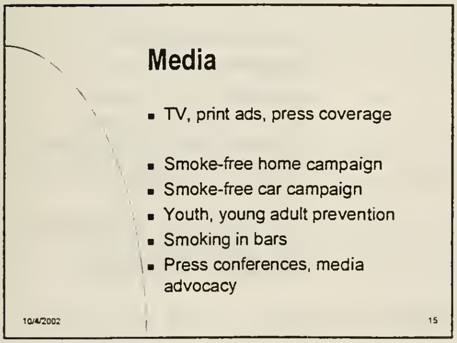
Compliance with laws

- California Smoke-Free Workplace Law – TFP, Envir. Hlth, City Attorn.
- Tobacco sales to minors – Police
- Tobacco self-service displays, window signage – Consumer Assurance



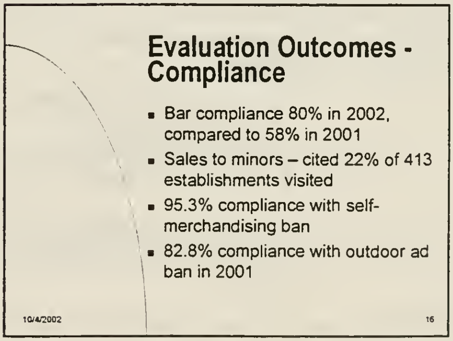
Cessation

- TFP – SFGH, Maxine Hall HC
- 7 mini grants:
  1. **Chinatown Health Center**
  2. **American Lung Assoc. (2)**
  3. **Asian Perinatal Advocates**
  4. **Kaiser**
  5. **Sunset Russian Tob. Ed. Prog.**
  6. **Positive Health Program**



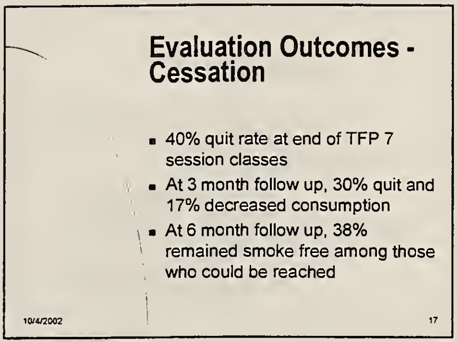
Media

- TV, print ads, press coverage
- Smoke-free home campaign
- Smoke-free car campaign
- Youth, young adult prevention
- Smoking in bars
- Press conferences, media advocacy



Evaluation Outcomes - Compliance

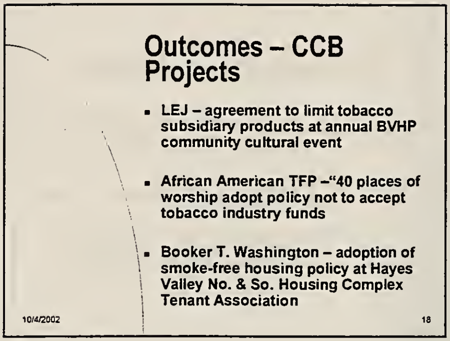
- Bar compliance 80% in 2002, compared to 58% in 2001
- Sales to minors – cited 22% of 413 establishments visited
- 95.3% compliance with self-merchandising ban
- 82.8% compliance with outdoor ad ban in 2001



Evaluation Outcomes - Cessation

- 40% quit rate at end of TFP 7 session classes
- At 3 month follow up, 30% quit and 17% decreased consumption
- At 6 month follow up, 38% remained smoke free among those who could be reached

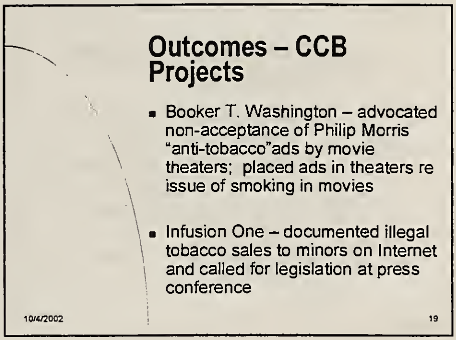
10/4/2002



Outcomes – CCB Projects

- **LEJ – agreement to limit tobacco subsidiary products at annual BVHP community cultural event**
- **African American TFP –"40 places of worship adopt policy not to accept tobacco industry funds**
- **Booker T. Washington – adoption of smoke-free housing policy at Hayes Valley No. & So. Housing Complex Tenant Association**

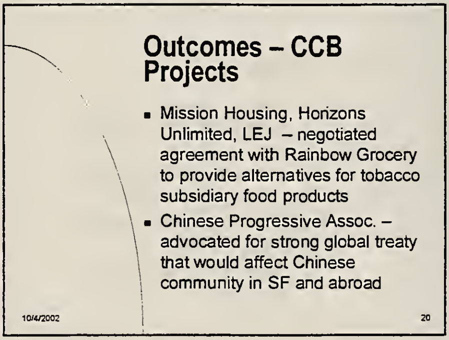
10/4/2002



Outcomes – CCB Projects

- Booker T. Washington – advocated non-acceptance of Philip Morris "anti-tobacco"ads by movie theaters; placed ads in theaters re issue of smoking in movies
- Infusion One – documented illegal tobacco sales to minors on Internet and called for legislation at press conference

10/4/2002



Outcomes – CCB Projects

- Mission Housing, Horizons Unlimited, LEJ – negotiated agreement with Rainbow Grocery to provide alternatives for tobacco subsidiary food products
- Chinese Progressive Assoc. – advocated for strong global treaty that would affect Chinese community in SF and abroad

10/4/2002

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-02

APPROVING THE PROPOSAL FOR THE USE OF SMOKELESS TOBACCO SETTLEMENT FUNDS

WHEREAS, in 1998 the City Attorney joined the Oakland-based Environmental Law Foundation in filing a suit against eight smokeless tobacco companies and 11 retail chains under Proposition 65, the Safe Drinking Water and Toxic Enforcement Act; and,

WHEREAS, in 2001 a settlement was reached with the smokeless tobacco makers and sellers to pay $2.75 million and post warnings of smokeless tobacco products' health hazards in stores; and,

WHEREAS, $313,465 was allocated to the Department of Public Health; and,

WHEREAS, Ordinance #240-01, adopted by the San Francisco Board of Supervisors on December 3, 2001 and signed by Mayor Willie L. Brown, Jr. on December 7, 2001, authorized acceptance of the funds for public education and advocacy related to smokeless tobacco; and,

WHEREAS, the ordinance required the Department of Public Health to submit a specific request for the appropriation of the funds; and,

WHEREAS, the proposed plan would utilize a comprehensive approach to tobacco control and includes three components: (1) media campaign, (2) enforcement of settlement requirements related to posting of health warnings, as well as enforcement of bans on sale of smokeless tobacco to minors and tobacco self-service merchandise, and (3) a policy development campaign to be carried out by a community-based organization utilizing the community capacity building process; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco hereby approves the proposal for the smokeless tobacco settlement funds; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to approve the appropriation of funds for this proposal.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of October 1, 2002.

Michele Olson
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

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/15/02

AGENDA

DOCUMENTS DEPT.
OCT 10 2002
SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, October 15, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF OCTOBER 1, 2002**
**Minutes of October 1, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN-Office of Managed Care** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, San Francisco, in the amount of $1,700,000 to provide tertiary care services targeting medically indigent adults, In-Home supportive services workers and San Francisco County jail patients, for the period of July 1, 2002 through June 30, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.2) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Shanti Project in the amount of $405,829, to provide practical support services, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.3) **CBHS-Mental Health** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,872,816, to renew a Single Point of Responsibility (SPR) Program for severely mentally ill adults, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **CBHS-Mental Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California, on behalf of the UCSF Clinical Practice Group, in the amount of $2,882,527, to renew a Single Point of Responsibility (SPR) Program serving severely mentally ill adults, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.5) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Center for Human Development, in the amount of $136,844 per year, for a total contract amount of $547,376, to provide substance abuse prevention and education services to youth in San Francisco schools, for the period of July 1, 2002 through June 30, 2006.
* *Calendaring request memo, Monitoring report summary, Monitoring report response letters, Client demographic information form*

(3.6) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Mount Saint Joseph-Saint Elizabeth Epiphany Center for Families in Recovery, in the amount of $336,751, to provide prevention services, adult intensive outpatient services and start-up costs for a new pregnant/parenting program, for the period of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summaries and Corrective action plan, Monitoring report response letter, Client demographic information form*

(3.7) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with SAGE Project, Inc., in the amount of $537,692 per year, for a total contract value of $2,150,768, to provide substance abuse and mental health services, for the period of July 1, 2002 through June 30, 2006.
* *Calendaring request memo, Monitoring report memo, Monitoring report summaries, Corrective action plans, Client demographic information form*

(3.8) **PHP-Bureau of Environmental Health Management** – Request for approval of a new contract with Onyx Environmental Services, LLC, in the amount of $100,000 per year, for a total contract value of $200,000, to provide hazardous waste management and transportation services, for the period of October 1, 2002 through June 30, 2004.
* *Calendaring request memo*

(3.9) **PHP-Bureau of Environmental Health Management** – Request for approval of a contract modification with San Francisco Foundation Community Initiative Funds, in the amount of $50,000, to provide fiscal agent services for a research project on food management strategies and community-based action planning, for a total revised contract amount of $100,000, for the term of July 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary*

(3.10) **PHP-Housing and Urban Health** – Request for retroactive approval of contract renewals for the following 16, FY 2002-04 Housing and Urban Health contracts, for a combined total of $7,272,226:

Contractor	Description	Contract Term	Total Funding
Ark of Refuge, Inc.	Transitional housing for LGBTQQ Youth	7/1/02-6/30/03	636,208
Baker Places, Inc.	Support services in 10 SROs	7/1/02-6/30/03	621,594
Baker Places, Inc.	Direct Access to Housing	7/1/02-6/30/03	543,083
Baker Places, Inc.	Emergency Housing - Hotels	7/1/02-6/30/03	915,747
Chinatown Community Development Corporation	Outreach, training, and advocacy services to SRO hotels	7/1/02-6/30/03	250,000
Episcopal Community Services	Support services in a SRO	7/1/02-6/30/03	101,626
Episcopal Community Services	Support services	7/1/02-6/30/04	446,000
Episcopal Community Services	Support services and property management in a master-leased SRO	7/1/02-6/30/03	956,781
Episcopal Community Services	Support services in a SRO	7/1/02-6/30/03	121,669
John Stewart Company	Property Management services in a master-leased hotel	7/1/02-6/30/03	585,170
Mission Housing Development Corp.	Outreach, training, and advocacy services to SRO hotels	7/1/02-6/30/03	250,000
Page Street Guest House	Licensed Residential Care	7/1/02-6/30/03	832,424
San Francisco AIDS Foundation	Rent subsidies for persons with HIV/AIDS	7/1/02-6/30/04	605,150
Self Help for the Elderly	Residential Care for elders with dementia	7/1/02-6/30/03	117,278
Tenderloin AIDS Resource Center	Case management in Emergency Housing	7/1/02-6/30/03	89,496
Tenderloin Housing Clinic	Outreach, training, and advocacy services to SRO hotels	7/1/02-6/30/03	200,000
Total:			**$7,272,226**

** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF OCTOBER**
**List of Awardees*

6) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING A GARBAGE COLLECTION TRUCK LICENSING FEE**
(Jack Breslin, Assistant Director, Bureau of Environmental Health Management)
**Resolution*

7) FOR DISCUSSION: **PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL REBUILD/INSTITUTIONAL MASTER PLAN (IMP) STATUS REPORT**
(Anthony G. Wagner, Chief Executive Officer of Hospital Systems)
**Report*

8) FOR DISCUSSION: **PRESENTATION OF THE CENSUS 2000 REPORT**
(Colleen Johnson, Assistant Director, Office of Policy and Planning)
Report

9) **PUBLIC COMMENTS****

10) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement in the amount of $20,000 in the Willie Johnson v. Laguna Honda Hospital, United States District Court for the Northern District of California, Case No. C00-4813, File No. 020360

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

11) **ADJOURNMENT**

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* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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/15/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, October 15, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President (left at 5:50 p.m.)
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini (left at 5:45 p.m.)
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D. (arrived at 3:55 p.m.)
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Commissioner Chow announced that Mayor Brown appointed a new Health Commissioner, Michael Lawrence Penn.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF OCTOBER 1, 2002

Action Taken: The Commission approved the minutes of the October 1, 2002 Health Commission meeting with one amendment. Commissioner Chow noted that two letters from Patrick Monette-Shaw, dated September 28, 2002, would be added as attachments to the October 1, 2002 minutes and included in the file.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo attended the Budget Committee meeting.

(3.1) **CHN-Office of Managed Care** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, San Francisco, in the amount of $1,700,000 to provide tertiary care services targeting medically indigent adults, In-Home supportive services workers and San Francisco County jail patients, for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Monfredini clarified that this contract is not a managed care contract. It is for those patients requiring services that cannot be provided at SFGH, so DPH contracts with UCSF to provide these services.

- Commissioner Sanchez abstained from voting on this item.

(3.2) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Shanti Project, in the amount of $405,829, to provide practical support services, for the period of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- For all future contracts that are retroactive, Commissioner Monfredini asked that a note be included in background documentation that explains why the contracts are retroactive. Galen Leung and Gregg Sass agreed.

(3.3) **CBHS-Mental Health** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,872,816, to renew a Single Point of Responsibility (SPR) Program for severely mentally ill adults, for the period of July 1, 2002 through June 30, 2003.

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- Commissioner Sanchez abstained from voting on this item.

(3.5) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Center for Human Development, in the amount of $136,844 per year, for a total contract amount of $547,376, to provide substance abuse prevention and education services to youth in San Francisco schools, for the period of July 1, 2002 through June 30, 2006.

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Barbara Garcia gave a status report of the transition of the WACSF program. WACSF officially closed on September 30th. They had approximately six programs, all of which will have been transferred successfully when the Health Commission approves one final contract on November 5th. Aviva House was transferred to the Latino Commission, De Paul and Mia House will be transferred to Lutheran Social Services, Pomeroy will be transferred to Jelani and Lee Woodward will be the last transfer. The property ownership should be transferred to DPH ownership within the next six months.

Commissioners' Comments

- Commissioner Monfredini asked if we lost any clients during the process. Ms. Garcia said they stopped accepting new clients into the program in February so that they could manage the existing clients. They do not anticipate any disruption in service.

(3.7) **CBHS-Substance Abuse** – Request for approval of a retroactive contract renewal with SAGE Project, Inc., in the amount of $537,692 per year, for a total contract value of $2,150,768, to provide substance abuse and mental health services, for the period of July 1, 2002 through June 30, 2006.

(3.8) **PHP-Bureau of Environmental Health Management** – Request for approval of a new contract with Onyx Environmental Services, LLC, in the amount of $100,000 per year, for a total contract value of $200,000, to provide hazardous waste management and transportation services, for the period of October 1, 2002 through June 30, 2004.

(3.9) **PHP-Bureau of Environmental Health Management** – Request for approval of a contract modification with San Francisco Foundation Community Initiative Funds, in the amount of $50,000, to provide fiscal agent services for a research project on food management strategies and community-based action planning, for a total revised contract amount of $100,000, for the term of July 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Monfredini commented that many people might not understand the meaning of "food security" and suggested that they use the phrase "access to safe and nutritious foods." In the post 9/11 world "food security" has a much more limited connotation. She asked how the Food Systems Council is spreading the word about this effort to the community. Paula Jones of the Food Systems Council said that they are working with members of the Westpoint community.

- Commissioner Sanchez abstained from voting on this item.

(3.10) **PHP-Housing and Urban Health** – Request for retroactive approval of contract renewals for the following 16, FY 2002-04 Housing and Urban Health contracts, for a combined total of $7,272,226:

Contractor	Description	Contract Term	Total Funding
Ark of Refuge, Inc.	Transitional housing for LGBTQQ Youth	7/1/02-6/30/03	636,208
Baker Places, Inc.	Support services in 10 SROs	7/1/02-6/30/03	621,594
Baker Places, Inc.	Direct Access to Housing	7/1/02-6/30/03	543,083
Baker Places, Inc.	Emergency Housing - Hotels	7/1/02-6/30/03	915,747
Chinatown Community Development Corporation	Outreach, training, and advocacy services to SRO hotels	7/1/02-6/30/03	250,000
Episcopal Community Services	Support services in a SRO	7/1/02-6/30/03	101,626
Episcopal Community Services	Support services	7/1/02-6/30/04	446,000
Episcopal Community Services	Support services and property management in a master-leased SRO	7/1/02-6/30/03	956,781
Episcopal Community Services	Support services in a SRO	7/1/02-6/30/03	121,669
John Stewart Company	Property Management services in a master-leased hotel	7/1/02-6/30/03	585,170
Mission Housing Development Corp.	Outreach, training, and advocacy services to SRO hotels	7/1/02-6/30/03	250,000
Page Street Guest House	Licensed Residential Care	7/1/02-6/30/03	832,424
San Francisco AIDS Foundation	Rent subsidies for persons with HIV/AIDS	7/1/02-6/30/04	605,150
Self Help for the Elderly	Residential Care for elders with dementia	7/1/02-6/30/03	117,278
Tenderloin AIDS Resource Center	Case management in Emergency Housing	7/1/02-6/30/03	89,496
Tenderloin Housing Clinic	Outreach, training, and advocacy services to SRO hotels	7/1/02-6/30/03	200,000
Total:			**$7,272,226**

Commissioners' Comments

- Commissioner Monfredini requested on behalf of the Commission that future reports with multiple contracts include the performance monitoring reports for each contractor. She asked how many individuals sleep on the streets and if the Department tracks people who enter and exit our shelters. Mr. Trotz replied that on any given night, an estimated 5,000 to 6,000 individuals are on the street. He added that most of these units are permanent housing so there is not a lot of turnover. The Mayor's Office has implemented a pilot program to better track people through the system.

Action Taken: The Commission approved the Budget Committee Consent Calendar, with Commissioner Sanchez abstaining from voting on Items 3.1, 3.4 and 3.9.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Dr. Katz Annual Month of Medicine Attending at Laguna Honda Hospital

Last week Dr. Katz began his annual month of attending on the medical service at Laguna Honda Hospital. He covered wards for physicians who were sick or on vacation. Dr. Katz evaluated ill patients, written orders for flu vaccinations for an entire ward (true public health!) and attended an Interdisciplinary team (IDT) meeting that included medicine, nursing, social work, nutrition, and activity therapy staff. As the Commission is aware, there has never been any question about the quality of medical or nursing care. Where LHH needed to make significant improvement is on the quality of life for residents. Dr. Katz reported that there has been a major increase in the number of recreational activities for LHH, coupled with much more detailed planning for discharge and rehabilitation. The IDT's are functioning well with residents and staff actively participating. These meetings, Dr. Katz believes, are the cornerstone of LHH's ability to deliver high quality care and increased quality of life for all its residents. Dr. Katz was honored to serve with such a committed and professional staff.

Buprenorphine Approved as a Schedule II Drug for Office-Based Opiate Dependence

Dr. Katz reported that Buprenorphine has been approved as a schedule II drug for office-based treatment of opiate dependence. This drug, while not as strong as methadone, will allow LHH to treat new opiate users (who have not yet built up a high tolerance for opiates), and persons who have been stable for a prolonged period of time on a relatively low dose of methadone. Effective immediately, DPH or UCSF physicians working at SFGH who have completed the training module can provide Buprenorphine to appropriate clients. Several of LHH physicians in both the primary care clinics and at SFGH have completed the training. There is a question regarding the number of patients who can be treated by any one delivery system that we are currently researching. Regardless, LHH cabinet staff agreed this morning that LHH will be using Buprenorphine to treat opiate dependence in appropriate patients no later than December 1, 2002 and will work with the community consortium clinics and the medical society to offer such treatment in non-DPH settings throughout San Francisco as well.

Community Mental Health Advanced Access Pilot

In the previous fiscal year, over 18,000 individuals received outpatient care from Community Mental Health Services (CMHS). In order to improve access to outpatient care for adults and older adults, CMHS is beginning an initial pilot of the advanced access model for managing demand for services and the resources to meet that demand. Training of clinic leadership will take place in October, followed by the testing of new strategies by clinics to streamline the process for accessing services.

Grant for Behavioral Health Treatment at Direct Access to housing Sites

Through the work of Dr. Josh Bamberger of Housing and Urban Health, the Department has received an award of $1.8 million from the federal Substance Abuse and Mental Health Services Administration. The grant is part of a program that awarded $14 million nationally to strengthen substance abuse treatment, mental health, services, and primary care for homeless individuals. Housing and Urban Health will use the award of $600,000 per year for three years to integrate behavioral health treatment into the services available at the six Direct Access to Housing sites. The funds will be used for behavioral health counseling, off-site substance abuse and mental health treatment, and methadone maintenance.

Tom Waddell Renovation

Tom Waddell Health Center has begun a renovation project. The goals of this project are to increase patient flow and confidentiality (timely with HIPAA), create a new dental clinic and increase health and safety for staff and patients. During the initial phase, in which the Urgent Care Clinic is impacted, Tom Waddell is offering additional clinics at the McMillan Drop-in Center.

Older Adults and Traffic Safety

Michael Radetsky, from the Community Health Education Section, served as a member of the California Task Force on Older Adults and Traffic Safety, which recently issued a final report with recommendations. The report, a product of an 18-month planning effort, is the first step in a coordinated statewide effort to improve traffic improve for older Californians and can be found on-line at: **www.eldersafety.org/oats/finalrpt.pdf**.

Community Health Network/
San Francisco General Hospital
October 2002
Health Commission - Director of Health Report

(From 10/07/02 MEC and 10/08/02 JCC)

	10/02	**9/02 to present**
New Appointments	**16**	**103**
Reinstatements	**0**	**1**
Reappointments	**35**	**69**
Delinquencies:	**0**	**0**
Reappointment Denials:	**0**	**0**
Resigned/Retired:	**22**	**49**
Disciplinary Actions	**0**	**0**
Restriction/Limitation-Privileges	**0**	**0**
Changes in Privileges		
Additions	**1**	**7**
Voluntary Relinquishments	**6**	**7**
Proctorship Completed	**10**	**42**

Current Statistics – as of 10/01/02	
Active Staff	**401**
Affiliate Professionals (non-physicians)	**151**
Courtesy Staff	**492**
Referring Staff	**44**
TOTAL MEMBERS	**1088**

Application In Process	**45**	
Applications Withdrawn Month of Ocober 2002	**2**	**2 (09/02 to present)**
SFGH Reappointments in Process Nov. 2002 to Feb. 2003	**159**	

Commissioners' Comments

- Commissioner Chow asked if there are limits on the number of methadone patients per physician. Dr. Katz said that no physicians can prescribe methadone through the physician's office, only through a state licensed program. The Department is attempting through OBOAT to use methadone in an office-based setting. Ultimately there may be two tracks with people more mildly dependent being treated with Buprenorphine and those who are more severely dependent being treated with methadone.

- Commissioner Umekubo asked if there were any advantages to Buprenorphine over methadone. Dr. Katz replied that it may have less of a chance of being abused, but other than that no.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF OCTOBER

Commissioner Lee Ann Monfredini presented the Employee Recognition Awards for the month of October.

Employee's Name	Division	Nominated by
Roban San Miguel	Community Substance Abuse Services	Margery Brooks
Michael Seely	Central Administration	Christia Mea and Stephanie Samatra
Eileen Shields	Central Administration	Anne Kronenberg, Mildred Crear, Jack Breslin, and Barbara Garcia

6) CONSIDERATION OF A RESOLUTION APPROVING A GARBAGE COLLECTION TRUCK LICENSING FEE

Jack Breslin, Assistant Director, Bureau of Environmental Health Management, gave some background to the proposed ordinance. In 1987 the Board of Supervisors passed an ordinance that charged DPH with enforcing a Mandatory Refuse Collection Ordinance. A fee was attached to licensing the garbage trucks that covered the cost of the program. In 1996 it was found necessary to increase these fees. While legislation was prepared and forwarded to the Board of Supervisors and the Health Commission, it was never presented or approved by either entity. The scavenger companies began paying these fees at that time and the Tax Collector has been collecting the money. As a result of a public inquiry staff discovered that the new fee structure had never been approved. The legislation before the Commission is to retroactively present the legislation as it was originally intended to be presented six years ago so that the City can legitimately charge and collect the fees.

Action Taken: The Commission approved Resolution #12-02, "Approving an Ordinance Increasing the License Fee for Garbage Trucks and the Amount Deposited into the Mandatory Refuse Collection Service Fund by Amending Section 249.6 of the San Francisco Business Tax Regulations Code and Section10.100-7 of the San Francisco Administrative Code and Ratifying Past Actions Taken in Connection with Such Licensing Fee" (Attachment A).

7) PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL REBUILD/INSTITUTIONAL MASTER PLAN (IMP) STATUS REPORT

Anthony G. Wagner, Chief Executive Officer of Hospital Systems, gave an update on the rebuild planning effort. The Long Range Service Delivery Plan (LRSDP) that was approved by the Health Commission on July 16th will be used to provide the programmatic guidance for the SFGH Institutional Master Plan (IMP). Staff will be coming to the Commission for guidance at various key decision points throughout the process. The Combined Advisory Committee will be an integral part of the planning process. There is also the SFGHMC Rebuild Steering Committee and the IMP Work Group. A number of work groups were established to follow up on unresolved issues raised in the LRSDP, including OB/Peds, Ambulatory Care, Finance and Community Outreach. The SFGHMC executive medical and administrative staffs have been and will continue to be involved in the planning process.

Mr. Wagner gave an update on co-location with UCSF. DPH has continued to meet with UCSF under the leadership of Dr. Katz. There are many compelling reasons to continue to explore co-location but there are significant challenges. It is impossible to resolve these challenges prior to going to the ballot in November 2003. There are two general options available. The first is to plan for a November 2003 bond election without co-location. The second option is to seek a waiver for an extension of the 2013 deadline, which allows for further evaluation and planning with UCSF. The two options are not mutually exclusive. The Department is pursing Option 1 while concurrently meeting with UCSF and advocating for an extension.

Work Groups

- Finance – looking at construction-related and operations-related financing issues.
- Inpatient Pediatrics and Obstetrics – will develop further recommendations for SFDPH consolidating its inpatient pediatric, NICU, newborn nursery and obstetric services with another provider.
- Community Outreach – to share planning objectives with established neighborhood and community groups and seek input and criticism.
- Ambulatory Care Services – this group will make recommendations concerning the organization of ambulatory care services in the long term and with respect to the SFGH rebuild. The LRSDP made two recommendations related to ambulatory care: shifting primary care visits from SFGH to DPH community-based clinics and a projected increase in total primary care visits; and the development of a "Super Clinic." In addition to these issues, a number of other matters will be considered, including access issues, improving quality of care, achieving more cost-effective care and potential partnerships with other safety net ambulatory care providers.

Institutional Master Plan Update

Ignatius Tsang, Project Director of the SOM/Tsang joint venture IMP team, updated the Commission on the IMP process. The team consists of planners, architects, engineers, cost estimators, real estate, economists and community relations consultants. The development of the new IMP is a unique opportunity for DPH to explore models of health care delivery system to meet the needs of San Francisco in the 21st Century, to enhance partnership with UC, to improve care, improve seismic safety and improve access to community care.

The IMP will unfold over the next 14 months in four steps in sequence:

- Development of a baseline estimate of program requirements for SFGH
- Identification of various scenarios that accommodate the programmatic requirements, while also considering site specific aspects
- Consideration of concept proposals that give physical form and size to leading scenarios, and which have estimates for cost, feasibility and other real-world constraints
- Preparation of a final IMP document that will characterize the full range of changes recommended for SFGH, to be submitted for public review and approval.

A subset of the work includes helping DPH to prepare a bond proposal for the November 2003 election. SFGH must meet new State-mandated seismic safety requirements for its acute care facility by 2013. In order to meet that deadline, planning and design for a new complying facility must begin by January 2004. So, financing must be in passed by the voters in November 2003. The final IMP document will describe the entire health care delivery system, not all of which will be on the ballot.

If a bond measure passes in November 2003, a design team would be hired. It would take about four years to design the project, two years for OSHPD approval, and construction would take approximately five years. The new hospital would open in January 2013.

Currently the group is developing programmatic baselines. Scenarios will be developed for Health Commission review on December 3, 2002. Concepts will be presented to the Commission on February 18th. The Commission will be asked to select a concept as a bond measure proposal on March 18, 2003. The Finance Committee will recommend the amount of the bond measure. The bond measure then goes to the CAIC and Board of Supervisors for approval. If the Board of Supervisors approves it, the voters will vote on the bond in November 3, 2003. If the bond measure is passed, the final IMP will be completed on December 31, 2003.

The overall objective of the IMP is to guide an informed decision-making process for the IMP that results in the selection of the best alternative for rebuilding SFGH. The near-term objective for the October 15 Health Commission meeting is to develop baseline projections of demand in all areas that will impact institutional master planning so they may be used to create a variety of program-based scenarios. The general approach is to:

- leverage existing data/information, especially Lewin's LRSD program recommendations, wherever possible
- Ensure findings focus on level of detail for IMP
- Enable the teasing apart and re-aggregation of services in scenario development.

Mr. Tsang described what a baseline is. It involves refinement and augmentation of the Lewin projections as needed to support the IMP process. It is premised on simple continuation of current programs and services on the Potrero campus, albeit in facilities that are seismically compliant. It accounts for population/demographic forecasts and anticipated changes in market demand for SFGHMC's health care services through 2015. The baseline is not a scenario, but is the basis for the many scenarios that will be evaluated. It does not attempt to address current known deficiencies, which will be addressed in scenarios. And it does not consider co-location, as other scenarios may. The baseline serves as the bridge between the Lewin LRSD program projections and the SFGHMC IMP process.

Charlie Cosovich with Kurt Salmon Associate (KSA), the strategic planner, reviewed the baseline in more detail and its significance by category. KSA started by developing basic demand projections and understanding the demography around these projections. They are working with population and demography figures that were developed in the Lewin LRSD process. From there need to define DPH's and SFGH's current and future role in San Francisco, as well as its future goals. The next step will be working on how various assumptions about service demand and goals translate into space and from there into plans for an IMP, particularly in the areas of Acute Care, Ambulatory Care and Diagnostic and Treatment Services.

In the scenario development process, which will begin in the next week, a variety of qualitative and subjective information will be evaluated, including future budgeting, political environments, access requirements, transportation pattern, clinical models and others.

Mr. Cosovich then gave detailed descriptions about the baseline development for Acute Care, Ambulatory Care and Diagnostic and Treatment services. For each category they need to work through six overarching questions: where do the numbers come from; what are the numbers; how are the numbers best split apart for scenario development; what are the sensitivities; how do the numbers translate to space figures; and what are the space figures.

Next Steps

- Develop research demand projections
- Develop education demand projections
- Develop support and administration requirements
- Develop scenarios
- Translate all service units into facilities programs
- Develop concepts/proposals

Mr. Wagner clarified that there will be an additional Health Commission meeting in March, so meetings will be on March 4th and March 18th. In addition, two additional work groups will be established: Operating Room and Diagnostic and Treatment.

Public Comments

- Christopher Sabre, member of the East Mission Improvement Association and neighbor of the hospital, expressed a number of concerns. First, that there is no one plan, instead a number of scenarios and a short time period to consider. Second, he is concerned about a helipad at SFGH being placed in a residential neighborhood at the expense of safety and quality of life and concerned about 108 feet towers going into open space areas. The neighborhood was not included enough in Laguna Honda Hospital and he is concerned that this will happen at SFGH.

Commissioners' Comments

- Commissioner Chow asked where they are at with the assumptions about the size of the hospital, and if the group is finding that the facility will be larger or smaller or similar size to the Lewin recommendation. Mr. Tsang said they are still working to validate this. Mr. Wagner added that they do not have any specific information at this time, and that this will come out of this planning process. The December 3rd meeting will have a lot more information from the workgroups. Commissioner Chow said he is the Commission's representative on the steering committee and the team is working very diligently and intensely. There are multiple layers of planning—hospital, campus, health delivery system. If the bond does not go on the November 2003 ballot, this will not have been a futile effort. The helipad issue needs to be responded to on a short-term basis. This issue would need to be addressed even if the hospital did not need to be rebuilt.

- Commissioner Monfredini feels comfortable at this time with the update. She said that hospitals should be able to jointly plan with other hospitals how to best deliver health care to all San Francisco. Dr. Katz said to the extent that hospitals are willing to make their plans public, then these plans can be taken into account and perhaps do complementary planning. Mr. Wagner will raise this at the next meeting of the Northern California Hospital Council.

- Commissioner Penn asked how the clinicians and service providers at SFGH would be involved in the process and how we can ensure that the planning meets their needs. Mr. Wagner said that presentations to SFGHMC Executive Medical and Administrative staffs allow staff to react and to give guidance to the planning process. In addition, SFGH Medical and Administrative staff is part of all the workgroups. Finally, there are a number of clinicians and SFGH representatives on the Rebuild Steering Committee and Advisory Committee. Commissioner Penn asked if clinicians will be involved in the scenario development or just asked to approve the scenarios. Mr. Wagner said they would be involved both before and after the development of the scenarios. Commissioner Chow added that the Joint Conference Committees are another opportunity for clinician involvement. Commissioner Penn said that the planning effort should evaluate how other hospitals in the nation have addressed some of the issues San Francisco is facing.

- Commissioner Parker commented that the Department and the city at large has the opportunity to overhaul the entire system rather than putting band aids on the existing system. We need to make sure it is done right. Further, the plans need to be presented to the public in a clear and direct manner. This also allows DPH to have a fresh start with its partners, including UCSF and the Community Clinic Consortium. DPH and the Commission will have a problem if they present a bond with unfinished details. He does not think we should postpone having a bond issue on the ballot primarily because of the economy, because a delay means the project will cost more in the future.

- Commissioner Umekubo commented that co-location makes sense fiscally, and asked Mr. Wagner to clarify the timelines for Options 1 and 2. When will we know which option we are going to pursue? Mr. Wagner replied that it is unlikely we will know by the March Health Commission meetings, primarily because UC's deadline is later. Having said that, DPH is pursuing the November 2003 timeline but not giving up that something might happen legislatively to extend DPH's deadline. Dr. Katz said that if we want to co-locate, we cannot go for a bond in November 2003. There just is not enough time to do the planning and UC is still evaluating a number of scenarios. UC's deadline is 2030. If there is no change in legislation and we have to go to the ballot in 2003 or close SFGH in 2008, then this precludes co-location. Dr. Katz, Gene O'Connell and Mr. Wagner are meeting with State Senator Jackie Speier in November to discuss potential revisions to the State legislation. There has been discussion with merging the 2013 deadline with 2030 deadline. If this were to happen, DPH and UC would be on the same timetable. It is significant that no politician has wanted to take on the issue of delaying seismic safety.

- Commissioner Sanchez asked for clarification that co-location with UCSF would not be one of the scenarios. Dr. Katz replied that this is true for a November 2003 bond measure. Commissioner Sanchez said that DPH needs to understand the reality of the UC Regents' process. He emphasized the need for clinician input. And we need to understand that the term "research" opens up battles between academic research and clinical research. As a public hospital our primary mission is the delivery of services.

- Commissioner Guy wants to make sure that in the next report there is a clear link between which assumptions led to which scenarios/recommendations. The Health Commission will make a judgment call and then ask the community for its vote/support. Commissioner Guy said that the underdeveloped area of this planning process is ambulatory care. How are we going to evaluate decentralizing care on the magnitude of 20,000 to 60,000 visits, particularly when this is not included in the bond? She also emphasized that the helipad is a separate issue. It is important but is not part of the bond proposal. The question of outreach is never-ending. We need to both bring the community into the planning process plus outreach to them. Mr. Wagner said that they plan to visit the established venues of various groups, and he emphasized that if the commissioners have any suggestions to forward them to him. Commissioner Guy appreciates the complexities around co-locating with UC.

8) PRESENTATION OF THE CENSUS 2000 REPORT

Colleen Johnson, Assistant Director, Office of Policy and Planning presented highlights of Census 2000. The nation's population grew by 32.7 million people between 1990 and 2000. The San Francisco-Oakland-San Jose metropolitan area grew 12.6 percent during that period and is the 5th largest metropolitan area in the country. San Francisco's population has not grown as rapidly as the metropolitan area, the State or the rest of the nation. In fact the populations of both California and the U.S. grew at nearly twice the rate of San Francisco. Despite this relatively slow growth rate, San Francisco is the 62nd largest county in the country.

The age of San Francisco's residents is significantly different from that of the state and nation. San Francisco's 21 and under population represents only 18 percent of the whole city population, compared to 32.9 percent and 31.4 percent in California and the U.S., respectively. Conversely, the percentage of San Francisco's population that is over 80 years old is nearly double that of California and the U.S. The female population exceeds the male population at older levels. The median age range in San Francisco is 35 to 39 for both men and women. However, the proportion of women who are over age 65 is significantly higher than the proportion of men over age 65.

Like all of California, the percentage of White residents in San Francisco is significantly below that of the nation. The percentage of San Francisco's Asian/Pacific Islander population is triple that of the State and 10 times that of the nation. San Francisco has the 9th highest number of Asian residents of all U.S. counties. Between 1990 and 2000 there was a significant decrease in the percentage of Black or African American residents. Conversely, the Hispanic/Latino and Asian/Pacific Islander populations have grown significantly.

Consistent with San Francisco's racial and ethnic diversity, Census 2000 shows that one out of every three San Francisco residents is foreign born. Thirteen percent of all San Francisco households are linguistically isolated. In San Francisco more than half of the linguistically isolated households speak an Asian or Pacific Island language.

In San Francisco, 36.1% of residents reported that they had a disability. Disability status in Census 2000 was self-reported and is not necessarily an indicator of a person who has been deemed disabled by a physician. San Francisco's reported disability data is similar to that at both the State and national levels.

Educational attainment and income are socio-economic characteristics of a population that can be linked to health disparities and outcomes. San Francisco residents are more likely to have completed a higher level of education than other residents of the State or U.S. At the same time, 10.5 percent of all San Franciscans have less than a 9th grade education. There are significant differences between racial and ethnic groups. Asian/Pacific Islanders have the highest proportion of residents with less than a 9th grade education. And approximately 50% of Black/African Americans and Hispanic/Latino residents have a high school education or less, compared to just 15 percent of Whites.

With regard to income, the relatively high income of White San Franciscans raises the per capita income citywide for all incomes and ethnicities. Per capita income for African Americans is less than half that of White San Franciscans. San Francisco has a higher proportion of residents receiving SSI, which indicates that San Francisco has higher proportions of low-income aged, blind and disabled residents. The percentage of persons on public assistance decreased significantly for San Francisco between 1990 and 2000. This may indicate that lower income San Franciscans are moving out of San Francisco as a result of the increased cost of living.

Between the 1990 and 2000, the rate of poverty in San Francisco decreased by nearly one and one-half percentage points, which could be attributable to the high cost of living. The income gap between the most and least affluent is wider in San Francisco than for the State. Twenty five percent of the City's African American population is living in poverty compared to seven percent of Whites and 11 percent of the citywide population.

Thirty five percent of San Franciscans own their own home, compared to 57 percent in California and 66 percent in the U.S. Asians and Latinos are more likely to live more than one occupant to a room. Twenty two percent of African Americans spend more than 50 percent on rent, compared to 15 percent of Whites and 18 percent of Asians and Latinos. Nearly 40 percent of San Francisco households are one-person households.

Census 2000 collected data on people living in institutional and non-institutional group quarters. Of the institutionalized populations, 41 percent of those in "hospitals/wards, hospices and schools for the handicapped " were "wards in general hospitals for patients who have no usual home." This percentage is four times that for both the State and the country. This figure provides further data to substantiate the problem of decertified days and SFGH.

There were 1.4 million new uninsured in the U.S. for a total of 41.2 million uninsured in the United States. California had 18 percent uninsured, which is the third highest in the nation.

Ms. Johnson concluded by saying that from a socio-economic perspective, the data show that there continues to be several gaps to bridge to overcome health disparities and this data will help in the planning of future services for the Commission and the Department.

Commissioners' Comments

- Commissioner Guy commended staff for the report. This information can be used in the evaluation of the DPH Strategic Plan. This data will be helpful for the Board of Supervisors budget deliberations and advocacy at the State level. The data reinforces that the Laguna Rebuild, including the independent living decision was a good policy decision, that the African American Health Initiative was a good policy decision. Just to name a few.

- Commissioner Umekubo asked Ms. Johnson to break down the increase in the growth in San Francisco's population since 1990 in terms of how much of the growth is due to immigration, how much due to births, etc. The department is basing some of its scenarios for pediatrics and OB/Gyn at SFGH on this information so it is important to have a firm understanding of the population increase. Ms. Johnson will get this information to the commissioners.

- Commissioner Parker asked if it is possible to get more information about the African Americans leaving San Francisco, specifically the demographics of the people who are leaving. Ms. Johnson can compare data by race and ethnicity between 1990 and 2000. The census does not elucidate why people left, but can give information about the demographics about the population change. This will provide indirect evidence of why people left.

9) PUBLIC COMMENTS

None.

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Guy, Parker, Penn, Sanchez, Umekubo) voted to hold a closed session.

The Commission went into closed session at 5:50 p.m. Present in closed session were Commissioner Guy, Commissioner Parker, Commissioner Penn, Commissioner Sanchez, Commissioner Umekubo, Dr. Mitch Katz, Larry Funk, Norm Nickens and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement in the amount of $20,000 in the Willie Johnson v. Laguna Honda Hospital, United States District Court for the Northern District of California, Case No. C00-4813, File No. 020360

Action Taken: The Commission voted to approve the settlement in the amount of $20,000.

D) Reconvene in Open Session

The Committee reconvened in open session at 6:00 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Guy, Parker, Penn, Sanchez, Umekubo) voted not to disclose any discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 6:00 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 12-02

APPROVING AN ORDINANCE INCREASING THE LICENSING FEE FOR GARBAGE TRUCKS AND THE AMOUNT DEPOSITED INTO THE MANDATORY REFUSE COLLECTION SERVICE FUND BY AMENDING SECTION 249.6 OF THE SAN FRANCISCO BUSINESS TAX REGULATIONS CODE AND SECTION 10.100-7 OF THE SAN FRANCISCO ADMINISTRATIVE CODE AND RATIFYING PAST ACTIONS TAKEN IN CONNECTION WITH SUCH LICENSING FEE

WHEREAS, the Department of Public Health has proposed an ordinance increasing the licensing fee for garbage trucks and the amount deposited into the Mandatory Refuse Collection Service Fund; and,

WHEREAS, the proposed increase covers the operating costs of implementing the Mandatory Refuse Collection Ordinance passed by the Board of Supervisors and signed into law in 1987; and

WHEREAS, due to an administrative error the fee increase was not acted on by the Health Commission, however, billing at the new rate commenced in 1996; and,

WHEREAS, the proposed ordinance is intended to correct this administrative error; now, therefore, be it

RESOLVED, that the Health Commission approves the proposed amendments to Section 10.100-7 of the San Francisco Administrative Code and Section 249.6 of the San Francisco Business and Tax Regulations Code; and, be it

FURTHER RESOLVED, that the Health Commission ratifies past activities taken in connection with the collection of such licensing fee; and, be it

FURTHER RESOLVED, that the Health Commission recommends these amendments to the Board of Supervisors.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of October 15, 2002.

Michele Olson
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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15/02

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor
Department of Public Health

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

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OCT 31 2002
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HEALTH COMMISSION MEETING

Tuesday, November 5, 2002
at
3:00 p.m.
Simon Auditorium*
Laguna Honda Hospital
375 Laguna Honda Blvd.
San Francisco, CA 94116

THE BUDGET COMMITTEE* OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

**** PLEASE NOTE CHANGE IN LOCATION. THE BUDGET COMMITTEE MEETING WILL ALSO MEET AT LAGUNA HONDA.***

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF OCTOBER 15, 2002**
**Minutes of October 15, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN-Laguna Honda Hospital** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California on behalf of the UCSF Department of Physiological Nursing, in the amount of $197,138, to provide specialized gerontological care services for the period of October 1, 2002 through September 30, 2003. This contract is retroactive because the negotiations over services and rates took longer than anticipated.
** Calendaring request memo, Monitoring report summary*

(3.2) **CHN-Office of Managed Care** – Request for approval to enter, retroactively, into a contract between the Community Health Network of San Francisco and the State of California, Department of Corrections, to provide medical services for the inmates referred for such services from the Correctional Training Facility and California Medical Facility, in the estimated amount of $225,000, for the period of March 1, 2002 to June 30, 2003.
** Calendaring request memo, Grant Information Form*

(3.3) **AIDS Office** – Request for approval of a retroactive contract renewal with San Francisco AIDS Foundation, in the amount of $765,621, to provide client advocacy, benefits counseling and emotional support services to persons with HIV/AIDS, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the late award of some General Fund programs following the budget process. An interim agreement was processed to allow payments until the contract was developed.
** Calendaring request memo, Monitoring report memo, Monitoring report summaries, Client demographic information forms*

(3.4) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Episcopal Community Services, in the amount of $608,782, to provide mental health and substance abuse services targeting homeless individuals, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.5) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Calvin Y. Louie, CPA, in the amount of $5,328,200, to provide fiscal intermediary services for the Community Mental Health Services supplemental residential care facilities, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summary*

(3.6) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with National Council on Alcoholism, in the amount of $213,165 per year, for a total contract amount of $852,660, to provide a 24-hour telephone referral help line and the Youth Aware Life Skills substance abuse prevention program, for the period of July 1, 2002 through June 30, 2006. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate the COLA after finalization of the Department's FY 2002-03 budgets. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.7) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Japanese Community Youth Council, in the amount of $660,620 per year, for a total contract value of $2,642,480, to provide substance abuse prevention services targeting at-risk Asian youth, for the period of July 1, 2002 through June 30, 2006. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring request memo, Monitoring report receipt letter, Monitoring report summary*

(3.8) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Ohlhoff Recovery Programs, in the amount of $366,113, to provide residential and outpatient substance abuse services targeting women and adolescents, for the period of July 1, 2002 through June 30, 2003. This renewal contract is retroactive due to budget revisions made to include funding for a COLA. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring request memo, Monitoring report receipt letters, Monitoring report summaries, Corrective Action Plan and Letter, Client demographic information form*

(3.9) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Potrero Hill Neighborhood House, in the amount of $398,898, to provide intensive outpatient substance abuse services targeting youth/young adults and adult parolees/probationers, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate the COLA after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring request memo, Monitoring report summary, Corrective Action Plan and Letters, Client demographic information form*

(3.10) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with St. Vincent de Paul Society of San Francisco, in the amount of $1,522,082, to provide substance abuse treatment and substance abuse/mental health shelter services targeting homeless adults, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring request memo, Monitoring report letters, Monitoring report summaries, Corrective Action Plan letter, Client demographic form*

(3.11) **CHP-Behavioral Health Services** – Request for approval to accept and expend, retroactively, a targeted capacity expansion grant from SAMHSA/CSAT, in the amount of $1,499,997, to expand the City's treatment capacity for homeless addicts by enhancing residential treatment and improving service coordination, for the period of September 30, 2002 to September 29, 2005.
* *Calendaring request memo, Grant Information Form, Budget pages*

(3.12) **CHP-Behavioral Health Services** – Request for approval of a contract modification with Walden House, Inc. to incorporate the Haven Grant, in the amount of $271,620, to provide residential services with an array of interventions addressing substance abuse, mental health, housing,

educational, vocational and medical problems, for the period of November 5, 2002 through June 30, 2003.
** Calendaring request memo*

(3.13) **CHP-Housing and Urban Health** – Request for approval to accept and expend a new "Behavioral Health Treatment for Homeless" grant from the Substance Abuse and Mental Health Services Administration, in the amount of $1,799,243, for the period of September 30, 2002 to September 29, 2005.
** Calendaring request memo, Grant Information Form*

(3.14) **CHP-Health Promotion and Prevention** – Request for approval to accept and expend a grant from the US Department of Justice, in the amount of $100,000, for the support of a one-year project to work with youth-led community action teams to address availability and use of substances in Bayview Hunters Point, for the period October 1, 2002 to September 30, 2003.
** Calendaring request memo, Grant Information Form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF NOVEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **PRESENTATION OF THE LAGUNA HONDA HOSPITAL ANNUAL REPORT**
(Larry Funk, LHH Executive Administrator)
(Report)

7) **FOR DISCUSSION:** **PRESENTATION OF THE LAGUNA HONDA REPLACEMENT PROJECT UPDATE**
(Michael Lane, Project Manager, LHH Replacement Project)
*(*Update)*

8) **FOR DISCUSSION:** **PRESENTATION OF THE FIRST QUARTER REVENUE AND EXPENDITURE REPORT**
(Gregg Sass, DPH Chief Finance Officer)
**Report*

9) **PUBLIC COMMENTS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Directions to LHH

Laguna Honda Hospital's Conference Room B102 is located on the first floor at the far West end of the Main Building and is wheelchair accessible. From the entrance, at the end of the hallway, turn right; and the end of second hallway, turn left, and look for Room B102.

Disability Access

Wheel chair assisted participants arriving by motor car should park in the large main parking lost east of the Hospital, utilizing the east lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the west end of the 5th floor, where there is an elevator at the far end of an open air area, take the elevator down to the first floor, where signs will direct you to Simon Auditorium and Conference Room B102. Muni metro subway, most motorbus lines and Forest Hill Station are wheelchair accessible, as are the Hospital buildings.

If you require special listening devices, American sign language interpreters and readers, large print copy of agenda or other special services, please advise LHH's Nursing Office at (415)
664-1580, extension 2709, or by calling 759-2367, at least 72 hours prior to the meeting. Late requests will be honored if possible.

Please help accommodate individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities by refraining from wearing fragrances.

Public Transportation

You are encouraged to utilize public transportation. The Forest Hill Muni (surface/subway) Station is located across the street from the Hospital's entrance. The K, L and M streetcar lines stop at Forest Hill Station, and can be boarded at most BART/MUNI stations, including Civic Center Station, located on Market street, one block from Civic Center Garage across from City Hall, (entrance on McAllister between Polk and Larkin streets, and day-long parking is available).

Motorbus lines *#36 Teresita, #43 Masonic, #44 O'Shaughnessy, and #52 Excelsior* serve the Forest Hill Station. You may transfer to the *#89 Laguna Honda* (wheel chair accessible) motor shuttle bus, which provides services 7-days a week, every 15 minutes, from 10:12 a.m. to 2:45 p.m., from the Forest Hill Station to the west entrance of the Main Building, to Clarendon Hall, and to the east entrance of the Main Building. adjacent to a wheelchair ramp. For more information about MUNI accessible services, call 923-6142.

Hospital Parking

Although it is possible to park in the neighborhood of the hospital – on Laguna Honda Boulevard and Clarendon Drive – nearby residential area parking is limited to 2 hours. Parking on the hospital grounds if free but limited. On hospital grounds you are welcome to park in any identified legal parking space, which does not carry a rectangular "reserved" sign over the space or block of spaces. Local parking regulations are strictly enforced. Once issued, SFPD tickets cannot be reversed as a "courtesy". Please be sure to observe all parking signs and marked curbs. Parking for wheelchair users is located at the went end of the Main Building parking lot, and also at Clarendon Valley and in the Clarendon east parking lot.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689. Telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:_**www.ci.sf.ca.us/bdsupvrs/sunshine.htm**

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

02

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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MINUTES

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HEALTH COMMISSION MEETING

Tuesday, November 5, 2002
at
3:00 p.m.
Simon Auditorium
Laguna Honda Hospital
375 Laguna Honda Blvd.
San Francisco, CA 94116

1) CALL TO ORDER

The Health Commission meeting was called to order by Commissioner Chow at 3:25 p.m.

Present:
Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent:
Commissioner Lee Ann Monfredini
Commissioner Michael Penn, Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF OCTOBER 15, 2002

Action Taken: The Commission (Chow, Guy, Parker, Sanchez, Umekubo) approved the October 15, 2002 minutes with two corrections to the Director's Report. On page 5, "LHH" was changed to "DPH."

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Umekubo chaired and Commissioner Parker attended the Budget Committee meeting.

(3.1) **CHN-Laguna Honda Hospital** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California on behalf of the UCSF Department of Physiological Nursing, in the amount of $197,138, to provide specialized gerontological care services for the period of October 1, 2002 through September 30, 2003. This contract is retroactive because the negotiations over services and rates took longer than anticipated.

(3.2) **CHN-Office of Managed Care** – Request for approval to enter, retroactively, into a contract between the Community Health Network of San Francisco and the State of California, Department of Corrections, to provide medical services for the inmates referred for such services from the Correctional Training Facility and California Medical Facility, in the estimated amount of $225,000, for the period of March 1, 2002 to June 30, 2003.

(3.3) **AIDS Office** – Request for approval of a retroactive contract renewal with San Francisco AIDS Foundation, in the amount of $765,621, to provide client advocacy, benefits counseling and emotional support services to persons with HIV/AIDS, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the late award of some General Fund programs following the budget process. An interim agreement was processed to allow payments until the contract was developed.

Public Comment
Patrick Monette-Shaw (submitted 150-word testimony, read into the record) - Last February 14, DPH submitted its 10% Reduction Proposal to you. Playing brinksmanship, DPH -- in a bald attempt to frighten the horses proposing eliminating critical healthcare services -- submitted several recommendations, citing SF's CARE Council decision several years ago to eliminate emotional support services. Agenda Item 3.3 today proposes a contract for the San Francisco AIDS Foundation to provide PLWHA emotional support. Why is there a double standard permitting City General Funds use for services the CARE Council determined were not a significant priority for use of federal funds? How and when did SF get from not needing, to now needing, emotional support for PLWHA? Does this $765,621 contract use any portion of the $ 739,727 SF's Supervisors may have backfilled to restore lost CARE money? Was the $739,727 included in the Mayor's final budget, or is this a diversion of funds made by Supervisor's without the Mayor's approval?

William Ray (submitted 150-word testimony, submitted and read into the record by Patrick Monette-Shaw) - Initiative #A-01, page 40 of the 10% Reduction Proposal DPH submitted to this Health Commission last February 14 indicated an emotional support contract to SFAF was for only $383,179. How did this contract manage doubling to $769,621in eight months? A decision matrix prepared by the CARE Council shows only Benefits Counseling, not advocacy or emotional support, as a need identified by PLWHA. A Community Forum ranked Benefits Counseling at rank 9 of 31; the LaFrance Associates $175,000 Needs Assessment ranked Benefits at rank 12 of 31. Neither the Forum nor the Assessment identified either client advocacy or emotional support as a category consumers need or want funded; the Assessment states "consumer advocate services [have] the lowest need" (page 12-75). Benefits contracts should go to Positive Resource Center, not passed through to SFAF to take a cut of this money. Why is this Commission contracting for services community members don't want?

(3.4) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Episcopal Community Services, in the amount of $608,782, to provide mental health and substance abuse services targeting homeless individuals, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Umekubo asked if the Episcopal Sanctuary Services program would meet its goals for the current year. Lynn Armstrong, program director, replied that the program is fully staffed this year so they anticipate that they will be able to achieve the contract goals.

(3.5) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Calvin Y. Louie, CPA, in the amount of $5,328,200, to provide fiscal intermediary services for the Community Mental Health Services supplemental residential care facilities, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.

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Commissioners' Comments

- Commissioner Umekubo asked if the independent audit would be submitted on time this year. Arthur Bosse, the agency executive director, said that last year's audit was submitted on time and he expects this year's to be on time as well.

(3.7) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Japanese Community Youth Council, in the amount of $660,620 per year, for a total contract value of $2,642,480, to provide substance abuse prevention services targeting at-risk Asian youth, for the period of July 1, 2002 through June 30, 2006. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Parker is impressed with the program's prevention efforts for youth.

- Commissioner Umekubo asked if the agency would be able to submit its independent audit on time. Executive Director Jon Osaki replied that last year the audit was late because, although the draft was completed on time, the Board of Directors did not meet in December so could not approve it. Since this problem was identified, the Board has agreed to meet in December and will approve this year's audit next month.

(3.8) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Ohlhoff Recovery Programs, in the amount of $366,113, to provide residential and outpatient substance abuse services targeting women and adolescents, for the period of July 1, 2002 through June 30, 2003. This renewal contract is retroactive due to budget revisions made to include funding for a COLA. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Parker asked if the Proposition 36 program is similar to the agency's other programs. Barbara Farrell replied that they started the program last July and it is the same as the others. He asked if the agency must report Proposition 36 clients who do not complete treatment. Jim Stillwell said that clients who have difficulty with the treatment setting are reported back to the Health Department. The Department can case manage the individual and place him in a variety of different programs to try to help him be successful before having to report him to the criminal justice system.

- Commissioner Umekubo asked about the agency's difficulty submitting the annual cost report and audit on time. Barbara Farrell said they had a lot of difficulty recruiting a controller. They hired someone who was unsatisfactory and let that person go. They have a new person who meets all the requirements and should be able to submit all reports on time.

(3.9) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Potrero Hill Neighborhood House, in the amount of $398,898, to provide intensive outpatient substance abuse services targeting youth/young adults and adult parolees/probationers, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate the COLA after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Umekubo asked if the agency is meeting its units of service this year. Enola Maxwell, Executive Director, replied that the agency serves many clients who do not meet DPH's criteria. Her staff member added that they are achieving their units of service this year. Commissioner Umekubo asked that staff update the Commission on if the agency is meeting its units of service through a report to the Population Health and Prevention Joint Conference Committee (PHP JCC) in January.

(3.10) **CHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with St. Vincent de Paul Society of San Francisco, in the amount of $1,522,082, to provide substance abuse treatment and substance abuse/mental health shelter services targeting homeless adults, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a 6-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Parker asked how many clients utilize each site, and why the agency is losing 20.5 fulltime employees and what impact this will have on services. Mr. Stillwell will get the information to Commissioner Parker within 30 days to the PHP JCC.

- Commissioner Umekubo asked if the annual audit would be submitted on time this year.

(3.11) **CHP-Behavioral Health Services** – Request for approval to accept and expend, retroactively, a targeted capacity expansion grant from SAMHSA/CSAT, in the amount of $1,499,997, to expand the City's treatment capacity for homeless addicts by enhancing residential treatment and improving service coordination, for the period of September 30, 2002 to September 29, 2005.

(3.12) **CHP-Behavioral Health Services** – Request for approval of a contract modification with Walden House, Inc. to incorporate the Haven Grant, in the amount of $271,620, to provide residential services with an array of interventions addressing substance abuse, mental health, housing, educational, vocational and medical problems, for the period of November 5, 2002 through June 30, 2003.

This item was tabled and will be re-agendized at a future meeting.

(3.13) **CHP-Housing and Urban Health** – Request for approval to accept and expend a new "Behavioral Health Treatment for Homeless" grant from the Substance Abuse and Mental Health Services Administration, in the amount of $1,799,243, for the period of September 30, 2002 to September 29, 2005.

(3.14) **CHP-Health Promotion and Prevention** – Request for approval to accept and expend a grant from the US Department of Justice, in the amount of $100,000, for the support of a one-year project to work with youth-led community action teams to address availability and use of substances in Bayview Hunters Point, for the period October 1, 2002 to September 30, 2003.

Action Taken: The Commission (Chow, Guy, Parker, Sanchez, Umekubo) approved the Consent Calendar of the Budget Committee with the exception of Item 3.12, which was tabled. In addition, the Commission requested that a status report for Item 3.9 be presented to the PHP JCC in January and a status report on Item 3.10 be presented to the PHP JCC in 30 days.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Nursing Home Quality Data Online
To publicize the Nursing Home Quality Initiative, the federal Centers for Medicare and Medicaid Services (CMS) has posted skilled-nursing facility (SNF) quality measure data on the Web at www.medicare.gov/NHCompare/home.asp. Laguna Honda's and San Francisco General's SNF quality measure data are included in the data published.

On November 13th, CMS will run full-page ads in major newspapers across the country. The ads will feature the 50 largest SNFs in each state and their results, which are based on 10 quality measures CMS selected in order to compare SNFs serving Medicare and Medicaid patients nationwide.

Response to Syphilis
San Francisco, as is true of other American cities with a large population of gay and bisexual men, continues to experience an increase in the number of syphilis cases. During the month of October, 56 early syphilis cases were reported. This is the largest number of cases reported for any one month this year. As of October 31st, a total of 429 early syphilis cases have been reported in the City. As has been the case all year, nearly all of the cases are among gay and bisexual men. Over 60% of the cases continue to be HIV positive and nearly 30% report using amphetamines during sex.

DPH is continuing to intensify its effort to reduce the number of new syphilis cases. In particular, three units within the Health Department have volunteered to temporarily detail staff to the STD Program to assist their staff with syphilis case management and follow up of high-risk individuals. The three staff members who have been reassigned, Giuliano Nieri from the AIDS Office, Thomas Hoynes from the TB Control program, and Uzziel Prado from Environmental Health, have all accepted the reassignment with enthusiasm and with a statement of their commitment to assist in helping to reduce the spread of STDs to the residents of San Francisco. This is an example of teamwork and collaboration among the various units in the Health Department and exemplifies everyone's commitment to public health.

A meeting will be held on November 6th with several key staff from the STD Division at the Centers for Disease Control and Prevention (CDC) to discuss the allocation of additional federal funds to eliminate syphilis in San Francisco. Currently, an additional $400,000 has been awarded but was then restricted until 2003. There is the possibility that additional monies may be awarded after the meeting. As required by the funder, 30% of all syphilis elimination monies must be awarded to community-based agencies. DPH will be putting these funds out to bid as soon as DPH is authorized to do so by the CDC. The remainder of the funds will be used to hire additional staff to perform investigations and community outreach as well as to supplement our advertising and stipend budgets.

The STD Program has also recently implemented a new incentive program for syphilis testing. Men who go on the DPH website or the Healthy Penis web site can print a coupon which can be exchanged for a Castro movie pass or a gift certificate to A Different Light Bookstore after getting a syphilis test at City Clinic. This Program is being sponsored by the Internet Sexuality Information Services agency that is one of the community agencies that has been working closely with the STD Program to try to eliminate syphilis in San Francisco.

Mayor's African-American Summit on HIV/AIDS
On October 23rd, Mayor Brown held a Regional African American Summit on HIV/AIDS at Treasure Island. The 150 participants represented a variety of government and community-based organizations from San Francisco, San Mateo, and Alameda counties, and the State of Office of AIDS. Conference participants received a status report on HIV/AIDS Statewide, as well as local presentations from San Francisco and Alameda counties. Special breakout sessions were held to address the issues of the following specific populations: men, women, transgender, prison populations, youth and the faith community.

Each group was charged with making recommendations for HIV/AIDS health promotion, prevention, and treatment status for year 2010. A regional policy-maker group met on October 31st to review the recommendations and begin the process of planning for implementation. The policy group will meet again on December 17th.

Community Action Forum
On October 28th and 29th DPH was one of the sponsor's of a *Community Action Forum* held at the LGBT Community Center. This *Forum* was designed to create a framework for gay men's health that was broader than disease prevention; including health promotion and community development. The organizers believe that HIV and STD prevention must be carried out in the context of a broader health agenda. Dr. Katz was pleased to speak at this conference alongside researchers and health providers from Sydney, London, Vancouver, The Harlem Director's Group and San Francisco's Caesar Chavez Center for Community Research. A consensus statement and framework for further action will be developed and published by the end of this year.

Steven Tierney, Ed.D. Recognized for Outstanding Community Service
The Northern California Chapter of the Society for Adolescent Medicine has awarded Steven Tierney, Ed.D., Director of the HIV Prevention, the ***Northern California Chapter's Society for Adolescent Medicine Award*** for outstanding community service on behalf of adolescents. Congratulations to Steve for this recognition of his important work with adolescents at risk for HIV.

Retreat - Caring for Patients with Chronic Illness in the Safety Net
Last Friday, a working retreat titled, "Caring For Patients With Chronic Illness in the Safety Net: Directions for the Future," was held at the Cathedral Hill Hotel. It was sponsored by a coalition composed of the Community Health Network/Primary Care, the Departments of Medicine and Family and Community Medicine at SFGH, Kaiser Permanente, and the San Francisco Community Clinic Consortium. Health Commission President Ed Chow and Vice President Roma Guy attended. Barbara Garcia and Dr. Katz gave brief remarks. Over 200 people attended to hear national and local experts on Models of Chronic Illness Care and Innovative Approaches to Self-Management and to make recommendations to the Retreat's Planning Group. The following Saturday, the Planning Group met to set action goals. At this meeting there was agreement among the sponsors to apply for funds, as a coalition, in order to facilitate the adoption and adaptation of the Chronic Care model to DPH health systems. Congratulations for an excellent working retreat to the Tri-Chairs, Helen Chen, MD, Hali Hammer, MD, and Alex Moy, MD.

Grant to Develop Community Based Mental Health Services for Children and Families
The Children and Family Mental Health Services section of Community Behavioral Health Services has been awarded $1,000,000 from the Substance Abuse and Mental Heath Services Administration (to develop and implement "systems of care" communities. Systems of care communities are

comprehensive, individualized mental health services for children with serious emotional disturbance and their families. This program establishes mental health services for children with emotional and behavioral disorders where they live, rather than in costly out-of-state and out-of-community settings.

DPH Staff Elected to the National WIC Association
Maria R. LeClair, MPA, RD, Director of Nutrition Services, was elected to represent the Western Region on the Local Agency Committee of the National WIC Association (NWA) for two years. The NWA provides leadership to the WIC community by promoting quality nutrition services; advocating for services for all eligible women, infants, and children; and assuring sound and responsive management of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Commissioners' Comments

- Commissioner Chow congratulated Dr. Katz for receiving the first ***Community Service Award*** from the American College of Physicians Northern California Chapter. He asked what types of comparative data would be listed on the CMS website. Larry Funk responded that the website includes 12 quality indicators. LHH performance is better than the national and state average on all but two of the indicators. The two are the percentage of residents requiring heavy assistance with feeding and the percentage of residents with behavioral problems. The other information contained on the website are indicators as to how each SNF with Medi-Cal or Medicaid contracts performed on their most recent survey. Mr. Funk's assessment is that LHH faired quite well, particularly given the population.

- Commissioner Parker said that it seems like a lot of DPH's syphilis prevention efforts are counterproductive since the rate is increasing. He added that putting messages on websites with sexual content does not seem to be making any impact.

- Commissioner Guy congratulated the Children and Family Mental Health Services section for getting the $1 million grant. She echoed Commissioner Parkers comment that with regard to syphilis, the DPH strategies have not been successful. The Health Commission needs to support new programs and approaches, and staff needs to think outside of the box. Dr. Katz agrees. He said that one difficult aspect is that DPH's campaign may be working—rates might have been higher without our efforts—but we cannot know for sure. But the rates are still increasing. The good news is that the CDC and a number of health departments, including New York, Seattle, London, etc. are working on the program. He will continue to keep the Commission apprised through his Director's Reports and the PHP JCC.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF NOVEMBER

Commissioner Parker presented the employee recognition awards for the month of November.

Employee's Name	Division	Nominated by
Ellen Apolinario, R.N., Nurse Manager	Laguna Honda Hospital, Nursing Unit D5/E6	Lucy Fisher Mary Louise Fleming and Mivic Hirose

Asian Focus/Chronic Cluster Team Awardees	Division	Nominated by
Elaine Gecht., M.D. Unit Attending	Laguna Honda Hospital, Nursing and Medical Services	Debbie Tam, R.N. Gayling Gee, R.N., M.S. Mary Louise Fleming, R.N., M.S.N. Terry Hill, M.D.
Camay Ko, Activity Therapist		
Rita Ng, Medical Social Worker		
Stella Yim, R.N., Nurse Manager		

6) PRESENTATION OF THE LAGUNA HONDAHOSPITAL ANNUAL REPORT

Larry Funk, LHH Executive Administrator, began by introducing his executive team. In addition, he recognized two employees—Dorothy White and Ann Prato who both just celebrated 40 years of service to LHH. Mr. Funk also thanked the LHH Volunteers Board of Directors and more than 700 volunteers, and specifically recognized Rosario Lopez and Art Elkins. Mr. Funk also introduced Robert Neil, president of the Clarendon Hall Resident Council and Charles Levinson, another residents.

Mr. Funk summarized the Annual Report's Message from the Executive Administrator. This is Laguna Honda's 136th year of service to San Francisco. During fiscal year 2001-2002, LHH recorded a banner year in its performance, highlighted by a number of significant contributions to the DPH mission. The hospital maintained an average daily census of 1059. The outpatient service volumes were equally impressive with 13,590 Adult Day Health Care client days, 1,656 Alzheimer's Day Care client days and 7,463 senior nutrition program meals served.

The hospital continued efforts to improved patient flow, increasing admissions from San Francisco General Hospital by two percent compared to last year. LHH has also increased discharges back into the community. The Community Reintegration Program completed its first full year of operation. The hospital also partnered with the Department of Aging and Adult Services to develop an Information Technology System, and instituted a Vocational Rehabilitation program to help residents develop employment skills. The hospital's financial performance was strong, and revenues exceeded budget by $12 million.

Mr. Funk discussed future challenges, including closely analyzing national trends toward increased nurse staffing hour and exploring funding means for increased staffing and relating costs. A related challenge in the requirement for a site-specific, acuity-based reimbursement system for nursing facilities, and the need to like research data to the new reimbursement formula. Another challenge is the management of the Hospital Replacement Project.

Dr. Terry Hill presented the demographic information for hospital residents and staff. With regard to the age distribution of male residents, Laguna Honda Hospital is markedly different from other facilities in California. At Laguna Honda, 26% of male residents are under age 55. He also reiterated the hospital's commitment to improving patient flow and LHH actively participates in a committee that assesses patient flow between SFGH and LHH. 197 patients were discharged home in FY 2001-2002. LHH is enthusiastically participating in the Department of Aging and Adult Services Living With Dignity policy committee and is doing strategy planning for long-term care services within San Francisco.

Mary Louise Fleming discussed staff recruitment, education and training. The hospital is facing a workforce shortage—currently there are 30 vacant RN positions—and staff recruitment and retention is critical. Through the academic partnerships formed with San Francisco State University and UCSF, a total of 14 nursing staff received their masters' degrees this past year. Seven more RNs have been accepted to UCSF's School of Nursing three-year Master of Science program in gerontology. The hospital collaborates with academic institutions from all over the country to develop. The hospital has created a national model for a Pain Resource Nurse training program.

Mr. Funk concluded the presentation with the four priorities for fiscal year 2002-2003.

1. Continue to enhance the performance of the Leadership Team
2. Advance the hospital toward becoming a center of excellence for long-term care rehabilitative and outpatient services
3. Expand efforts to integrate services with community-based providers
4. Proactively manage the beginning of the construction of the Hospital Replacement Project.

Commissioners' Comments

- Commissioner Chow recognized Cheryl Austin for her work 15 years ago on the Blue Ribbon Committee. Most if not all of the concepts recommended in the report have been implemented. There is one telling statistic. In 1985, 81 residents were discharged back to home. Today over 219 people were discharged. This is a major accomplishment to get people into the most appropriate area of care. With the new hospital, not only will we have an outstanding new building, but an outstanding program to put in it.

- Commissioner Sanchez said that LHH is a very rare institution that has served the city for 136 years. It is one of the unique models in the nation and has an inclusive community.

- Commissioner Parker thanked LHH and its staff for its history of providing excellent care to the residents of San Francisco. He has observed that in these changing times, LHH staff has become proactive in addressing changes handsomely. We are facing two basic crises. First, the disproportionate number of young men who are using senior service and facilities. Hopefully we will be able to address the root causes of why these men need long-term care. Second is the disproportionate number of African Americans in the institution. African Americans constitute seven to eight percent of the general population, yet 25% of LHH residents. This indicates that we have a lot of work to do to address health disparities.

- Commissioner Umekubo thanked staff for their fine work. He has seen a lot of progress at LHH during his four years on the Commission. The challenges never end and we must always strive to go beyond the status quo and focus on quality.

- Commissioner Guy supports staff and acknowledged the great challenges they face on a daily basis. When the ribbon is cut for the new building, Cheryl Austin should get the scissors.

7) PRESENTATION OF THE LAGUNA HONDA REPLACEMENT PROJECT UPDATE

Michael Lane presented an update on the LHH Replacement Project. He first acknowledged Arla Escontrias and Jim Kautz for their work. They are on track to complete design in December. They recently completed review of the 50% construction documents, which were presented to LHH staff. There were no major discrepancies between what was shown and what the staff had expected. The utilities project will begin November 18th and the roadway project will begin in December. The official groundbreaking will be in September 2003.

Mr. Lane showed a series of slides showing the floor plan, room configuration, improved accessibility, and other areas. The design allows for rehabilitation space to be expanded in the future, which was one of the staff desires.

Over 35 meetings were held with neighborhood associations and community meetings will continue throughout the life of the project. The Community Advisory Group meets quarterly. The project team is also communicating with residents, their families and LHH staff. This is done through the LHH Residents Council, the LHH Family Council, the hospitals Mirror Residents News, town hall meetings and department staff meetings. They are also establishing an operations committee, which will meet weekly to ensure smooth interaction between construction and day-to-day operations.

With regard to the budget, after the 50% construction documents were completed they needed to make some minor adjustments to stay on budget. They have been fortunate in that the first two bids came in under estimate. The staff needs to begin planning for the furniture, fixtures and equipment (FF&E). No decision has been made on the laundry but the project received approval to issue the RFP. The building in which the laundry is located needs to be demolished next September.

Mr. Lane is a little concerned about the State's ability to meet the review timelines they had committed to. OSHPD has been impacted by budget cuts. Also, Supervisor Tony Hall has introduced legislation to allow LHH to select contractors on a qualifications basis ration than a low bid basis. There will be a hearing on this legislation in December.

Commissioners' Comments

- Commissioner Umekubo asked if OSHPD would assign a team dedicated to this project. Mr. Lane said that the project does have a team, but not a dedicated one. But this allows for consistency in which the replacement project communicates with. They have weekly conference calls with the OSHPD team, which also visits the project monthly. OSHPD has been meeting its commitments up to now, but Mr. Lane is concerned about the future.

- Commissioner Chow said we are lucky to have Mr. Lane as the project manager.

- Commissioner Parker asked Mr. Lane to explain the significance of the 50% construction documents. Mr. Lane replied that at the point these documents are complete, everything is locked in pretty tightly. From these documents a reasonable budget estimate can be done. Commissioner Parker asked if the contractors are bound to the budget they submitted in their bid.

Mr. Lane said that the contractors are locked in for their bid price for the full period of construction. What does arise, however, are change orders during construction. The project team is taking steps with the architect to minimize change orders for unforeseen conditions. But there is still some exposure going into construction. Commissioner Parker asked how long the laundry would be out of operation. Mr. Lane said it depends on the proposals, all of which must include any time need to include specific information about any time needed to contract out the laundry. Commissioner Parker said that, with regard to the FF&E, the Department should advocate that some of the DPH surplus be set aside every year for this purpose.

- Commissioner Guy thanked Ms. Escontrias because there have been community challenges. She asked how hazardous materials would be handled. Mr. Lane said they have done phase one and phase two site assessments, and are working with both the DPH Environmental Health Division and the Department of Public Works. They are hoping to keep the material on site. Commissioner Guy acknowledged the challenges presented by fund raising for the FF&E.

8) PRESENTATION OF THE FIRST QUARTER REVENUE AND EXPENDITURE REPORT

Gregg Sass, DPH Chief Finance Officer, presented the First Quarter Revenue and Expenditure Report (Attachment A). This report presents the first quarterly financial projection of revenues and expenditures for the Department of Public Health for fiscal year 2002-2003. These projections based on revenue collected and billed, and expenses incurred for the first three months of the fiscal year ending September 30,2002. Based on this data, DPH is projecting a year-end surplus of $1.785 million for FY02-03. This amount represents 0.2% of the Department's total operating budget. Projections include revenue surplus of $4.7 million and over expenditures of $2.9 million.

Commissioner Umekubo left the meeting at 5:25 p.m.

Dr. Katz acknowledged the fine work of Gregg Sass.

Commissioners' Comments

- Commissioner Parker said the message we get from the Mayor's Office is to make up the deficit in Jail Health Services with savings in another area of DPH. The Department should find out why the Mayor's Office takes this approach with the jail, but not other areas.

9) PUBLIC COMMENTS

Patrick Monette-Shaw (presented at the end of the Budget Committee meeting) - DPH's current syphilis prevention campaign uses Healthy Penis 2002 and his nemesis, a syphilis sore, making SF the nations' laughingstock. Life-size adults in these two costumes parade the Castro area, but, sadly, nowhere else in town, as the campaign is only for affluent, multiple college-degreed Castro-clone white men. Why are communities of color – like Bayview/Hunters-Point, the Tenderloin, or Mission District – excluded from this ridiculous prevention campaign? The campaign includes this vacu-formed squishable toy syphilis sore [displaying syphilis toy] replete with a "gay" earring; is there also a companion healthy-penis-with-gay-ear-ring plush toy? What is the unit cost of this "incentive" merchandise; how many were produced? My clinical colleagues think this is a disgusting, belittling use of public health money. Will we next have toy AIDS-related Kaposi sarcoma toys? Breast cancer lumpy toys? When you trivialize a problem, you get trivial results. Don't expect syphilis rates to drop using this trivial, insulting nonsense.

10) ADJOURNMENT

The meeting was adjourned at 5:45 p.m.

Michele M. Olson
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco Department of Public Health

MEMORANDUM

November 5, 2002

TO: President Edward Chow, M.D.
and Honorable Members of the Health Commission

THROUGH: Mitchell Katz, M.D.
Director, Department of Public Health

FROM: Gregg Sass
Chief Financial Officer

RE: Revenue and Expenditure Report – 1st Quarter FY 2002-03

This report presents the first quarterly financial projection of revenues and expenditures for the Department of Public Health for fiscal year 2002-03. These projections are based on revenue collected and billed, and expenses incurred for the first three months of the fiscal year ending September 30, 2002. Based on this data, the Department of Public Health is projecting a year-end surplus of $1.785 Million for FY02-03. This amount represents 0.2% of the Department's total operating budget. Projections include revenue surplus of $4.7 million and over expenditures of $2.9million.

The tables on the following page shows projected fiscal year revenues and expenditures by division. Additionally, a more detailed discussion of revenue and expense projections begins on the next page.

Projected FY 2002-03Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 480,960,000	$ 481,867,000	$ 907,000	$ 480,960,000	$ 483,017,000	$ (2,057,000)	(1,150,000)
Laguna Honda	148,491,000	150,091,000	1,600,000	148,491,000	149,248,000	(757,000)	843,000
Primary Care	48,217,000	48,156,000	(61,000)	48,217,000	48,140,000	77,000	16,000
Health at Home	5,033,000	5,033,000	0	5,033,000	5,028,000	5,000	5,000
Jail Health	26,288,000	26,288,000	0	26,288,000	26,732,000	(444,000)	(444,000)
Public Health	92,414,000	92,414,000	0	92,414,000	92,213,000	201,000	201,000
Mental Health	177,263,000	179,551,000	2,288,000	177,263,000	177,243,000	20,000	2,307,000
Substance Abuse	64,686,000	64,686,000	0	64,686,000	64,679,000	7,000	7,000
TOTAL DPH	1,043,352,000	1,048,086,000	4,734,000	1,043,352,000	1,046,300,000	(2,948,000)	1,785,000

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

San Francisco General Hospital*:* Year-end projections show a deficit of $1,150,000

Revenues are projected to be $907,000 over budget due to:

- a projected favorable variance in bad debt;

Expenditures are projected to be over budget by $2,057,000 due to:

- unfavorable variances in Personnel Services expenditures resulting from high utilization of overtime and premium pay through the summer months. This is a result of seasonally high vacation coverage combined with delays in approving budgeted positions until August of 2002.

Laguna Honda Hospital*:* Year-end projections show a surplus of $843,000.

Revenues are projected at a surplus of $1,600,000 due to:

- a surplus in Medi-Cal revenues primarily due to a $5 per day increase to the SNF reimbursement rate.

Expenditures are projected to be over budget by $757,000 due to:

- unfavorable variances in Personnel Services expenditures resulting from high utilization of overtime and premium pay through the summer months. This is a result of seasonally high vacation coverage combined with delays in approving budgeted positions until August of 2002.

Primary Care: Year-end projections show a surplus of $16,000.

Revenues are projected to be $61,000 under budget due to:

- a deficit of $96,000 in YTD Medi-Cal revenues.
- a $5,000 YTD surplus in Medicare revenues;
- a $25,000 YTD deficit in other patient revenues;
- a $55,000 YTD surplus in bad debts

Expenditures are projected to be under budget by $77,000 due to

- a favorable variance in salaries and fringe benefits based on year-to-date actual expense.

Health at Home: Year-end projections show a surplus of $5,000.

Revenues are projected to on budget.

Expenditures are projected to be $5,000 under budget due to

- a savings in salaries and fringe benefits.

Jail Health Services: Year-end projections show a shortfall of $444,000.

Revenues are projected to on budget.

Expenditures are projected to be over budget by $444,000 due to:

- a deficit from salaries and fringe benefits based on annualization of year-to-date actual expense.

As you know, the Department requested an augmentation to the Jail Health Services personnel budget to correct the ongoing underfunding in salaries and fringe benefits. However, a funding increase was not approved for the current budget, and deficits in this division continue. Therefore, the Department will be required to offset this overspending with savings in other programs, as was required in prior years.

Public Health: Year-end projections show a surplus of $201,000.

Revenues are projected to be on budget.

Expenditures are projected to be $201,000 under budget due to

- a savings in equipment and workorder expense because dollars have been frozen due to Citywide budget concerns.

Mental Health: Year-end projections show a surplus of $2,307,000.

Revenues are projected to be $2,288,000 over budget due to:

- a projected net deficit of $212,000 in Short Doyle revenue resulting from reductions in MH CSOC ($420K), new EPSDT county match ($80) and offsetting carry forward funds of $300K;
- an increase of $2,500,000 in projected SB 90 funding based on revenues realized in prior year cost reports and released from a deferred credit in the current year.

Expenditures are projected to be under budget by $20,000 due to:

- a surplus in projected work order expenses because dollars have been frozen due to Citywide budget concerns.

Substance Abuse: Year-end projections show a surplus of $7,000.

Revenues are projected to be on budget.

Expenditures are projected to be under budget $7,000 due to;

- a surplus in projected work order expenses because dollars have been frozen due to Citywide budget concerns.

Conclusion

The first quarter of revenues and expenditures indicate that the Department's expenses are within budget, even with increases to expenditures at San Francisco General Hospital and Laguna Honda Hospital for increased payroll expenses resulting from high premium and overtime pay.

The Department will continue to monitor its revenues and expenditures. We have requested that the Mayor's Office release a large number of requisitions and this should help us reduce payroll expenses due to premium and overtime.

Although the fact that we are currently projecting a $1.785M surplus overall for 02-03 is good news, continued shortfalls in citywide revenue from hotel receipts, and sales tax will necessitate a mid-year call for General Fund reduction. If our annual surplus holds at current levels, we will need to bring proposals to the Health Commission for additional cuts or proposals for additional revenues. The exact amount of General Fund savings that will be required will depend on a number of factors including results of the November election and whether the tax increase on property sales is approved. We will keep the Commission apprised.

Department of Public Health

STATEMENT OF REVENUE AND EXPENSES FYE 6/30/03

September 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL			
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var
					NET PATIENT SERVICE REVENUE:				
1	42,937	42,409	528	0	Medi-Cal Revenue	170,525	168,118	2,407	0
2	13,134	13,474	(341)	(0)	Medicare Revenue	52,752	53,230	(478)	(0)
3	17,948	18,050	(102)	(0)	Other Patient Revenue	70,939	71,377	(438)	(0)
4	(7,261)	(8,233)	972	0	Provision for Bad debt	(31,719)	(32,674)	955	0
5	66,757	65,700	1,057	0	TOTAL NET PATIENT SERVICE REVENUE	262,497	260,051	2,446	0
6									
7					OTHER OPERATING REVENUE:				
8	0	2,928	(2,928)	(1)	Short Doyle (Community Mental Health Service)	11,501	11,713	(212)	(0)
9	1,263	11,068	(9,805)	(1)	Short Doyle M/Cal	44,274	44,274	0	n/a
10	1,419	1,842	(423)	(0)	MAA/TCM	7,369	7,369	0	n/a
11	32,057	32,057	0	n/a	SB855	128,227	128,227	0	n/a
12	4,925	4,925	0	n/a	SB1255	19,700	19,700	0	n/a
13	325	325	0	n/a	GME	1,300	1,300	0	n/a
14	3,259	3,259	0	n/a	Capitation/Managed Care Settlement	13,035	13,035	0	n/a
15	0	3,764	(3,764)	(1)	State Alcohol	15,055	15,055	0	n/a
16	31	1,093	(1,062)	(1)	Proposition 36	4,372	4,372	0	n/a
17	16,366	36,252	(19,886)	(1)	State Realignment	145,009	145,009	0	n/a
18	1,247	1,382	(134)	(0)	Prop 99 AB75	5,526	5,526	0	n/a
19	278	1,836	(1,559)	(1)	Other State (CCS and State Mandated Cost)	9,844	7,344	2,500	0
20	4,212	5,087	(875)	(0)	Fees/Cafeteria/Misc (includes lease income)	20,348	20,348	0	n/a
	4,492	6,558	(2,066)	(0)	Workorder Recovery	26,238	26,238	0	n/a
	708	706	1	0	Transfer In and Project Related	2,824	2,824	0	n/a
23	31,740	30,764	976	0	Carryforward	40,543	40,543	0	n/a
24	102,322	143,847	(41,524)	(0)	TOTAL OTHER OPERATING REVENUE	495,166	492,878	2,288	0
25									
26	169,079	209,546	(40,467)	(0)	TOTAL OPERATING REVENUE	757,663	752,929	4,734	0
27									
28					OPERATING EXPENSES:				
29	98,436	96,634	(1,802)	(0)	Personnel Services	402,966	400,272	(2,694)	(0)
30	24,650	24,222	(428)	(0)	Mandatory Fringe Benefits	100,116	99,634	(482)	(0)
31	124,250	81,425	(42,825)	(1)	Non-personal Services	326,733	326,733	0	n/a
32	16,284	14,813	(1,471)	(0)	Materials and Supplies	58,933	58,933	0	n/a
33	1,111	1,424	313	0	Facilities Maint. & Capital Outlay	5,524	5,700	176	0
34	14,283	8,153	(6,130)	(1)	Services of Other Departments (workorders)	32,434	32,485	51	0
35	24,556	24,556	0	n/a	Operating Transfer Out	98,225	98,225	0	n/a
36	647	647	0	n/a	Intrafund Transfer	2,586	2,586	0	n/a
37	3,536	3,271	(265)	(0)	Projects	18,783	18,783	0	n/a
38	307,752	255,145	(52,607)	-20.6%	TOTAL OPERATING EXPENSES	1,046,300	1,043,351	(2,949)	-0.3%
39									
40	(138,673)	(45,599)	(93,074)	(2)	OPERATING INCOME/(LOSS)	(288,637)	(290,422)	1,785	0
41									
42					NON-OPERATING REVENUE:				
43	72,606	72,606	0	n/a	General Fund	290,422	290,422	0	n/a
44	72,606	72,606	0	n/a	TOTAL NON-OPERATING REVENUE	290,422	290,422	0	n/a
45									
46	(66,067)	27,007	(93,074)	n/a	NET INCOME/(LOSS)	1,785	0	1,785	n/a

Attachment A
Page 5 of 13

San Francisco General Hospital

STATEMENT OF REVENUE AND EXPENSES FYE 6/30/03

September 30, 2002

(In Thousands of Dollars)

	YEAR-TO-DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var.		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	13,466	12,562	904	7.2%	Medi-Cal Revenue	50,470	49,567	903	1.8%	1
2	11,617	12,101	(484)	-4.0%	Medicare Revenue	47,281	47,764	(483)	-1.0%	2
3	15,562	15,974	(412)	-2.6%	Other Patient Revenue	62,722	63,135	(413)	-0.7%	3
4	(6,806)	(7,706)	900	11.7%	Provision for Bad Debt	(29,674)	(30,574)	900	2.9%	4
5	33,839	32,931	908	2.8%	TOTAL NET PATIENT SERVICE REVENUE	130,799	129,892	907	0.7%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Health Service)	0	0	0	n/a	8
9	1,263	1,263	0	n/a	Short Doyle Medi-Cal	5,054	5,054	0	n/a	9
10	1,021	1,021	0	n/a	MAA/TCM	4,085	4,085	0	n/a	10
11	32,057	32,057	0	n/a	SB855	128,227	128,227	0	n/a	11
12	4,925	4,925	0	n/a	SB1255	19,700	19,700	0	n/a	12
13	325	325	0	n/a	GME	1,300	1,300	0	n/a	13
14	2,948	2,948	0	n/a	Capitation/Managed Care Settlement	11,792	11,792	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	15,278	15,278	0	n/a	State Realignment	61,113	61,113	0	n/a	17
18	856	856	0	n/a	Prop 99 AB75	3,423	3,423	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost	0	0	0	n/a	19
20	723	723	0	n/a	Fees/Cafeteria/Misc. (includes lease income)	2,891	2,891	0	n/a	20
21	2,064	2,064	0	n/a	Workorder Recovery	8,257	8,257	0	n/a	21
22	706	706	0	n/a	Transfer In and Project-Related	2,822	2,822	0	n/a	22
23	1,897	921	976	106.0%	Carryforward/Fund Balance	7,589	7,589	0	n/a	23
24	64,063	63,087	976	1.5%	TOTAL OTHER OPERATING REVENUE	256,253	256,253	0	n/a	24
25										25
26	97,902	96,018	1,884	2.0%	TOTAL OPERATING REVENUE	387,052	386,145	907	0.2%	26
27										27
28					OPERATING EXPENSES:					28
29	46,013	44,382	(1,631)	-3.7%	Personnel Services	177,289	175,658	(1,631)	-0.9%	29
30	11,935	11,509	(426)	-3.7%	Mandatory Fringe Benefits	45,989	45,563	(426)	-0.9%	30
31	24,186	24,186	0	n/a	Non-personal Services	97,783	97,783	0	n/a	31
32	9,716	9,716	0	n/a	Materials and Supplies	38,546	38,546	0	n/a	32
33	634	634	0	n/a	Facilities Maint. & Capital Outlay	2,537	2,537	0	n/a	33
34	3,929	3,929	0	n/a	Services of Other Departments (workorders	15,586	15,586	0	n/a	34
35	24,556	24,556	0	n/a	Operating Transfer Out	98,225	98,225	0	n/a	35
36	647	647	0	n/a	Intrafund Transfer	2,586	2,586	0	n/a	36
37	344	344	0	n/a	Projects	4,476	4,476	0	n/a	37
38	121,960	119,903	(2,057)	-1.7%	TOTAL OPERATING EXPENSES	483,017	480,960	(2,057)	-0.4%	38
39										39
40	(24,058)	(23,885)	(173)	-0.7%	OPERATING INCOME/(LOSS)	(95,965)	(94,815)	(1,150)	-1.2%	40
41										41
42					NON-OPERATING REVENUE:					42
43	23,704	23,704	0	n/a	General Fund	94,815	94,815	0	n/a	43
44	23,704	23,704	0	n/a	TOTAL NON-OPERATING REVENUE	94,815	94,815	0	n/a	44
45										45
46	(354)	(181)	(173)	-95.6%	NET INCOME/(LOSS)	(1,150)	0	(1,150)	n/a	46

Laguna Honda Hospital

STATEMENT OF REVENUE AND EXPENSES FYE 6/30/03

September 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL			
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var
					NET PATIENT SERVICE REVENUE:				
1	26,760	25,863	897	13.7%	Medi-Cal Revenue	104,215	102,615	1,600	13.7%
2	997	826	171	3.8%	Medicare Revenue	3,277	3,277	0	3.8%
3	1,890	1,784	106	-9.2%	Other Patient Revenue	7,078	7,078	0	-9.2%
4	(210)	(227)	17	-24.7%	Provision for Bad debt	(900)	(900)	0	-24.7%
5	29,437	28,246	1,191	11.6%	TOTAL NET PATIENT SERVICE REVENUE	113,670	112,070	1,600	11.6%
6									
7					OTHER OPERATING REVENUE:				
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a
11	0	0	0	n/a	SB855	0	0	0	n/a
12	0	0	0	n/a	SB1255	0	0	0	n/a
13	0	0	0	n/a	GME	0	0	0	n/a
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a
15	0	0	0	n/a	State Alcohol	0	0	0	n/a
16	0	0	0	n/a	Proposition 36	0	0	0	n/a
17	0	0	0	n/a	State Realignment	0	0	0	n/a
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a
	67	102	(35)	-25.2%	Fees/Cafeteria/Misc (includes lease income)	406	406	0	-25.2%
	0	0	0	n/a	Workorder Recovery	0	0	0	n/a
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a
23	0	0	0	n/a	Carryforward	0	0	0	n/a
24	67	102	(35)	-25.2%	TOTAL OTHER OPERATING REVENUE	406	406	0	-25.2%
25									
26	29,504	28,348	1,156	11.4%	TOTAL OPERATING REVENUE	114,076	112,476	1,600	11.4%
27									
28					OPERATING EXPENSES:				
29	24,699	23,942	(757)	-0.4%	Personnel Services	100,200	99,443	(757)	-0.4%
30	6,529	6,545	16	1.9%	Mandatory Fringe Benefits	26,769	26,769	0	1.9%
31	329	813	484	1.5%	Non-personal Services	3,250	3,250	0	1.5%
32	2,210	2,777	567	-0.4%	Materials and Supplies	11,106	11,106	0	-0.4%
33	0	430	430	11.7%	Facilities Maint. & Capital Outlay	1,721	1,721	0	11.7%
34	1,550	1,550	0	6.8%	Services of Other Departments (workorders)	6,201	6,201	0	6.8%
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a
37	0	0	0	n/a	Projects	0	0	0	n/a
38	35,317	36,057	740	0.5%	TOTAL OPERATING EXPENSES	149,248	148,491	(757)	0.5%
39									
40	(5,813)	(7,709)	1,896	29.8%	OPERATING INCOME/(LOSS)	(35,172)	(36,015)	843	29.8%
41									
42					NON-OPERATING REVENUE:				
43	9,004	9,004	0	n/a	General Fund	36,015	36,015	0	n/a
	9,004	9,004	0	n/a	TOTAL NON-OPERATING REVENUE	36,015	36,015	0	n/a
46	3,191	1,295	1,896	n/a	NET INCOME/(LOSS)	843	0	843	n/a

PRIMARY CARE CLINICS

STATEMENT OF REVENUE AND EXPENSES FYE 6/30/03

September 30, 2002

(In Thousand of Dollars)

	YEAR-TO-DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	1,508	1,604	(96)	-6.0%	Medi-Cal Revenue	6,322	6,418	(96)	-1.5%	1
2	211	206	5	2.4%	Medicare Revenue	830	825	5	0.6%	2
3	175	200	(25)	-12.5%	Other Patient Revenue	774	799	(25)	-3.1%	3
4	(245)	(300)	55	18.3%	Provision for Bad Debt	(1,145)	(1,200)	55	4.6%	4
5	1,649	1,710	(61)	-3.6%	TOTAL NET PATIENT SERVICE REVENUE	6,781	6,842	(61)	-0.9%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle Medi-Cal	0	0	0	n/a	9
10	350	350	0	n/a	MAA/TCM	1,400	1,400	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	311	311	0	n/a	Capitation/Managed Care Settlement	1,243	1,243	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	991	991	0	n/a	Fees/Cafeteria/Misc. (includes lease income)	3,966	3,966	0	n/a	2
21	405	405	0	n/a	Workorder Recovery	1,620	1,620	0	n/a	2
22	0	0	0	n/a	Transfer In and Project-Related	0	0	0	n/a	22
23	848	848	0	n/a	Carryforward	3,389	3,389	0	n/a	23
24	2,905	2,905	0	n/a	TOTAL OTHER OPERATING REVENUE	11,618	11,618	0	n/a	24
25										25
26	4,554	4,615	(61)	-1.3%	TOTAL OPERATING REVENUE	18,399	18,460	(61)	-0.3%	26
27										27
28					OPERATING EXPENSES:					28
29	7,793	7,855	62	0.8%	Personnel Services	31,447	31,509	62	0.2%	29
30	1,765	1,779	14	0.8%	Mandatory Fringe Benefits	7,123	7,138	15	0.2%	30
31	797	797	0	n/a	Non-personal Services	3,186	3,186	0	n/a	31
32	368	368	0	n/a	Materials and Supplies	1,472	1,472	0	n/a	32
33	163	163	0	n/a	Facilities Maint. & Capital Outlay	652	652	0	n/a	33
34	415	415	0	n/a	Services of Other Departments (workorders)	1,661	1,661	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	2,600	2,600	0	n/a	37
38	11,301	11,377	76	0.7%	TOTAL OPERATING EXPENSES	48,140	48,217	77	0.2%	38
39										39
40	(6,747)	(6,762)	15	0.2%	OPERATING INCOME/(LOSS)	(29,741)	(29,757)	16	0.1%	40
41										41
42					NON-OPERATING REVENUE:					42
43	7,439	7,439	0	n/a	General Fund	29,757	29,757	0	n/a	43
44	7,439	7,439	0	n/a	TOTAL NON-OPERATING REVENUE	29,757	29,757	0	n/a	44
45										4
46	692	677	15	2.2%	NET INCOME/(LOSS)	16	0	16	n/a	46

HEALTH AT HOME

STATEMENT OF REVENUE AND EXPENSES FYE 6/30/03

September 30, 2002

(In Thousands of Dollars)

	YEAR-TO-DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	149	149	0	n/a	Medi-Cal Revenue	596	596	0	n/a	1
2	191	191	0	n/a	Medicare Revenue	763	763	0	n/a	2
3	8	8	0	n/a	Other Patient Revenue	30	30	0	n/a	3
4	0	0	0	n/a	Provision for Bad Debt	0	0	0	n/a	4
5	348	348	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	1,389	1,389	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle Medi-Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	23	23	0	n/a	Fees/Cafeteria/Misc. (includes lease income)	92	92	0	n/a	20
21	93	93	0	n/a	Workorder Recovery	374	374	0	n/a	21
22	0	0	0	n/a	Transfer In and Project-Related	0	0	0	n/a	22
23	30	30	0	n/a	Carryforward	122	122	0	n/a	23
24	146	146	0	n/a	TOTAL OTHER OPERATING REVENUE	588	588	0	n/a	24
25										25
26	494	494	0	n/a	TOTAL OPERATING REVENUE	1,977	1,977	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	899	905	6	0.7%	Personnel Services	3,616	3,621	5	0.1%	29
30	202	203	1	0.5%	Mandatory Fringe Benefits	812	812	0	n/a	30
31	91	91	0	n/a	Non-personal Services	363	363	0	n/a	31
32	39	39	0	n/a	Materials and Supplies	158	158	0	n/a	32
33	11	11	0	n/a	Facilities Maint. & Capital Outlay	44	44	0	n/a	33
34	9	9	0	n/a	Services of Other Departments (workorders)	35	35	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	1,251	1,258	7	0.6%	TOTAL OPERATING EXPENSES	5,028	5,033	5	0.1%	38
39										39
40	(757)	(764)	7	0.9%	OPERATING INCOME/(LOSS)	(3,051)	(3,056)	5	0.2%	40
41										41
42					NON-OPERATING REVENUE:					42
43	764	764	0	n/a	General Fund	3,056	3,056	0	n/a	43
44	764	764	0	n/a	TOTAL NON-OPERATING REVENUE	3,056	3,056	0	n/a	44
45										45
46	7	0	7	n/a	NET INCOME/(LOSS)	5	0	5	n/a	46

JAIL HEALTH SERVICES

STATEMENT OF REVENUE AND EXPENSES FYE 6/30/03

September 30, 2002

(In Thousands of Dollars)

	YEAR-TO-DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad Debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle Medi-Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	188	188	0	n/a	Fees/Cafeteria/Misc. (includes lease income)	753	753	0	n/a	20
21	133	133	0	n/a	Workorder Recovery	534	534	0	n/a	21
22	0	0	0	n/a	Transfer In and Project-Related	0	0	0	n/a	22
23	159	159	0	n/a	Carryforward	637	637	0	n/a	23
24	480	480	0	n/a	TOTAL OTHER OPERATING REVENUE	1,924	1,924	0	n/a	24
25										25
26	480	480	0	n/a	TOTAL OPERATING REVENUE	1,924	1,924	0		26
27										27
28					OPERATING EXPENSES:					28
29	3,858	3,785	(73)	-1.9%	Personnel Services	15,600	15,227	(373)	-2.4%	29
30	726	712	(14)	-2.0%	Mandatory Fringe Benefits	2,935	2,864	(71)	-2.5%	30
31	1,325	1,325	0	n/a	Non-pesonal Services	5,301	5,301	0	n/a	31
32	569	569	0	n/a	Materials and Supplies	2,277	2,277	0	n/a	32
33	25	25	0	n/a	Facilities Maint. & Capital Outlay	102	102	0	n/a	33
34	129	129	0	n/a	Services of Other Departments (workorders)	517	517	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	6,632	6,545	(87)	-1.3%	TOTAL OPERATING EXPENSES	26,732	26,288	(444)	-1.7%	38
39										39
40	(6,152)	(6,065)	(87)	-1.4%	OPERATING INCOME/(LOSS)	(24,808)	(24,364)	(444)	-1.8%	40
41										41
42					NON-OPERATING REVENUE:					42
43	6,091	6,091	0	n/a	General Fund	24,364	24,364	0	n/a	43
44	6,091	6,091	0	n/a	TOTAL NON-OPERATING REVENUE	24,364	24,364	0	n/a	44
45										45
46	(61)	26	(87)	####	NET INCOME/(LOSS)	(444)	0	(444)	n/a	46

Department of Public Health - Public Health Division

STATEMENT OF REVENUE AND EXPENSES FYE 6/30/03

September 30, 2002

(In Thousands of Dollars)

YEAR TO DATE					ANNUAL			
Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var
				NET PATIENT SERVICE REVENUE:				
197	254	(57)	-22.58%	Medi-Cal Revenue	1,017	1,017	0	n/a
60	0	60	23901.20%	Medicare Revenue	1	1	0	n/o
227	16	211	1297.96%	Other Patient Revenue	65	65	0	n/a
0	0	0	n/a	Provision for Bad debt	0	0	0	n/a
484	271	213	78.75%	TOTAL NET PATIENT SERVICE REVENUE	1,083	1,083	0	n/a
				OTHER OPERATING REVENUE:				
0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a
0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a
48	471	(423)	-89.72%	MAA/TCM	1,884	1,884	0	n/a
0	0	0	n/o	SB855	0	0	0	n/a
0	0	0	n/a	SB1255	0	0	0	n/a
0	0	0	n/a	GME	0	0	0	n/a
0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a
0	0	0	n/a	State Alcohol	0	0	0	n/a
0	0	0	n/a	Proposition 36	0	0	0	n/a
3,613	7,142	(3,530)	-49.42%	State Realignment	28,570	28,570	0	n/a
391	526	(134)	-25.56%	Prop 99 AB75	2,103	2,103	0	n/a
278	1,490	(1,212)	-81.37%	Other State (CCS and State Mandated Cost)	5,959	5,959	0	n/a
1,377	2,658	(1,281)	-48.18%	Fees/Cafeteria/Misc (includes lease income)	10,634	10,634	0	n/a
141	936	(795)	-84.95%	Workorder Recovery	3,743	3,743	0	n/a
2	0	1	300.00%	Transfer In and Project Related	2	2	0	n/a
5,886	5,886	0	n/a	Carryforward	5,886	5,886	0	n/a
11,736	19,110	(7,373)	-38.58%	TOTAL OTHER OPERATING REVENUE	58,781	58,781	0	n/a
12,220	19,381	(7,160)	-36.95%	TOTAL OPERATING REVENUE	59,864	59,864	0	n/a
				OPERATING EXPENSES:				
7,222	7,722	500	6.47%	Personnel Services	36,643	36,643	0	n/a
1,641	1,693	52	3.06%	Mandatory Fringe Benefits	8,035	8,035	0	n/a
18,172	9,272	(8,900)	-95.99%	Non-personal Services	37,089	37,089	0	n/a
1,608	731	(877)	-120.06%	Materials and Supplies	2,922	2,922	0	n/a
23	62	39	63.35%	Facilities Maint. & Capital Outlay	73	249	176	70.76%
4,222	1,107	(3,115)	-281.46%	Services of Other Departments (workorders)	4,402	4,427	25	0.56%
0	0	0	n/a	Operating Transfer Out	0	0	0	n/a
0	0	0	n/a	Intrafund Transfer	0	0	0	n/a
773	762	(11)	-1.41%	Projects	3,049	3,049	0	n/a
33,661	21,349	(12,312)	-57.67%	TOTAL OPERATING EXPENSES	92,213	92,414	201	0.22%
(21,441)	(1,968)	(19,472)	989.37%	OPERATING INCOME/(LOSS)	(32,349)	(32,550)	201	-0.62%
				NON-OPERATING REVENUE:				
8,138	8,138	0	n/a	General Fund	32,550	32,550	0	n/o
8,138	8,138	0	n/a	TOTAL NON-OPERATING REVENUE	32,550	32,550	0	n/a
(13,303)	6,169	(19,472)	-315.63%	NET INCOME/(LOSS)	201	0	201	#####

Department of Public Health - Mental Health Division

STATEMENT OF REVENUE AND EXPENSES FYE 6/30/03

September 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL			
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var
					NET PATIENT SERVICE REVENUE:				
1	857	1,976	(1,120)	-56.65%	Medi-Cal Revenue	7,905	7,905	0	n/a
2	58	150	(92)	-61.66%	Medicare Revenue	600	600	0	n/a
3	86	68	18	26.88%	Other Patient Revenue	270	270	0	n/a
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a
5	1,000	2,194	(1,194)	-54.42%	TOTAL NET PATIENT SERVICE REVENUE	8,775	8,775	0	n/a
6									
7					OTHER OPERATING REVENUE:				
8	0	2,928	(2,928)	-100.00%	Short Doyle (Community Mental Health Service)	11,501	11,713	(212)	-1.81%
9	0	8,933	(8,933)	-100.00%	Short Doyle M/Cal	35,732	35,732	0	n/a
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a
11	0	0	0	n/a	SB855	0	0	0	n/a
12	0	0	0	n/a	SB1255	0	0	0	n/a
13	0	0	0	n/a	GME	0	0	0	n/a
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a
15	0	0	0	n/a	State Alcohol	0	0	0	n/a
16	0	0	0	n/a	Proposition 36	0	0	0	n/a
17	(2,525)	13,831	(16,356)	-118.25%	State Realignment	55,326	55,326	0	n/a
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a
19	0	346	(346)	-100.00%	Other State (CCS and State Mandated Cost)	3,885	1,385	2,500	180.46%
20	706	202	504	249.98%	Fees/Cafeteria/Misc (includes lease income)	807	807	0	n/a
21	1,055	2,555	(1,500)	-58.71%	Workorder Recovery	10,219	10,219	0	n/a
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a
23	15,871	15,871	0	n/a	Carryforward	15,871	15,871	0	n/a
24	15,107	44,666	(29,559)	-66.18%	TOTAL OTHER OPERATING REVENUE	133,340	131,052	2,288	1.75%
25									
26	16,107	46,860	(30,753)	-65.63%	TOTAL OPERATING REVENUE	142,116	139,828	2,288	1.64%
27									
28					OPERATING EXPENSES:				
29	7,538	7,547	8	0.11%	Personnel Services	35,813	35,813	0	n/a
30	1,757	1,674	(83)	-4.95%	Mandatory Fringe Benefits	7,943	7,943	0	n/a
31	53,767	31,965	(21,802)	-68.21%	Non-personal Services	127,861	127,861	0	n/a
32	1,746	596	(1,151)	-193.23%	Materials and Supplies	2,382	2,382	0	n/a
33	255	86	(169)	-195.55%	Facilities Maint. & Capital Outlay	345	345	0	n/a
34	2,896	730	(2,166)	-296.95%	Services of Other Departments (workorders)	2,899	2,918	20	0.68%
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a
37	0	0	0	n/a	Projects	0	0	0	n/a
#	67,959	42,597	(25,362)	-59.54%	TOTAL OPERATING EXPENSES	177,243	177,263	20	0.01%
#									
#	(51,853)	4,263	(56,116)	-1316.45%	OPERATING INCOME/(LOSS)	(35,127)	(37,435)	2,307	-6.16%
#									
#					NON-OPERATING REVENUE:				
#	9,359	9,359	0	n/a	General Fund	37,435	37,435	0	n/a
#	9,359	9,359	0	n/a	TOTAL NON-OPERATING REVENUE	37,435	37,435	0	n/a
#									
#	(42,494)	13,621	(56,116)	-411.97%	NET INCOME/(LOSS)	2,307	(0)	2,307	#######

Department of Public Health - Substance Abuse Division

STATEMENT OF REVENUE AND EXPENSES FYE 6/30/03

September 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL			
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var
					NET PATIENT SERVICE REVENUE:				
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a
6									
7					OTHER OPERATING REVENUE:				
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a
9	0	872	(872)	-100.00%	Short Doyle M/Cal	3,488	3,488	0	n/a
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a
11	0	0	0	n/a	SB855	0	0	0	n/a
12	0	0	0	n/a	SB1255	0	0	0	n/a
13	0	0	0	n/a	GME	0	0	0	n/a
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a
15	0	3,764	(3,764)	-100.00%	State Alcohol	15,055	15,055	0	n/a
16	31	1,093	(1,062)	-97.13%	Proposition 36	4,372	4,372	0	n/a
17	0	0	0	n/a	State Realignment	0	0	0	n/a
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a
20	137	200	(63)	-31.56%	Fees/Cafeteria/Misc (includes lease income)	800	800	0	n/a
	601	373	228	61.23%	Workorder Recovery	1,491	1,491	0	n/a
	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a
23	7,049	7,049	0	n/a	Carryforward	7,049	7,049	0	n/a
24	7,818	13,351	(5,532)	-41.44%	TOTAL OTHER OPERATING REVENUE	32,256	32,256	0	n/a
25									
26	7,818	13,351	(5,532)	-41.44%	TOTAL OPERATING REVENUE	32,256	32,256	0	n/a
27									
28					OPERATING EXPENSES:				
29	414	497	83	16.74%	Personnel Services	2,358	2,358	0	n/a
30	95	107	12	11.50%	Mandatory Fringe Benefits	510	510	0	n/a
31	25,582	12,975	(12,607)	-97.16%	Non-personal Services	51,901	51,901	0	n/a
32	28	17	(10)	-59.68%	Materials and Supplies	70	70	0	n/a
33	0	13	13	100.00%	Facilities Maint. & Capital Outlay	50	50	0	n/a
34	1,133	285	(848)	-297.75%	Services of Other Departments (workorders)	1,133	1,140	6	0.56%
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a
37	2,419	2,165	(254)	-11.74%	Projects	8,658	8,658	0	n/a
#	29,671	16,059	(13,612)	-84.76%	TOTAL OPERATING EXPENSES	64,679	64,686	6	0.01%
#									
#	(21,852)	(2,708)	(19,144)	706.87%	OPERATING INCOME/(LOSS)	(32,424)	(32,430)	6	-0.02%
#									
#					NON-OPERATING REVENUE:				
#	8,107	8,107	0	n/a	General Fund	32,430	32,430	0	n/o
#	8,107	8,107	0	n/a	TOTAL NON-OPERATING REVENUE	32,430	32,430	0	n/a
#									
	(13,745)	5,399	(19,144)	-354.57%	NET INCOME/(LOSS)	6	0	6	n/a

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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/19/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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Executive Secretary

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Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

NOV 1 5 2002

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Tuesday, November 19, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF NOVEMBER 5, 2002

**Minutes of November 5, 2002*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) **AIDS Office** – Request for approval to accept and expend, retroactively, grant funds from the Department of Health and Human Services, Office of Minority Health, in the amount of $650,000, for the second year of funding, for HIV Care and Related Services for Women and Minorities, for the period of September 30, 2002 to September 29, 2003.
** Calendaring Request Memo, Grant Information Form, Budget Justification*

(3.2) **PHP-CHPP** – Request for approval of a retroactive sole source contract renewal with the International Institute of San Francisco, in the amount of $208,576, to provide preventive health services to refugees of all ages for the period of October 1, 2002 through September 30, 2003. This contract is retroactive due to delays in issuing the notice of renewal. The contractor has continued to provide services and is currently not receiving payment.
* *Calendaring Request Memo, Program Client Demographic Information, Monitoring Report Summary*

(3.3) **PHP-CHPP** – Request for approval of a retroactive sole source contract renewal with the San Francisco Study Center, in the amount of $518,342, to provide technical assistance to the Bayview Hunters Point Health Environment Resource Center (HERC) for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to delays in determining the amount available for the renewal of the contract. The contractor has continued to provide services and is currently not receiving payment.
* *Calendaring Request Memo, Program Client Demographic Information, Monitoring Report Summary*

(3.4) **CHP-Behavioral Health Services** – Request for approval of a retroactive sole source contract renewal with Central City Hospitality House, in the amount of $567,618, to provide drop-in and self-help services for the homeless, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive because of extended contract negotiations. The contractor continued to provide services and receive payment under an interim agreement approved by the Health Commission on July 12, 2002.
**Calendaring Request Memo, Program Client Demographic Information, Monitoring Report Summary, Vendor Response Letter*

(3.5) **CHP-Behavioral Health Services** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $3,524,567 per year, to provide citywide case management mental health services targeting Psychiatric Emergency Services clients and County Jail inmates with mental illness, for a two year period of July 1, 2002 through June 30, 2004 for a combined total of $7,049,134 for the two year period. The contract is retroactive due to the need for the contractor to revise contract documents to incorporate changes in funding after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and is currently not receiving payment.
* *Calendaring Request Memo, Program Client Demographic Information, Monitoring Report Summary*

(3.6) **CHP-Behavioral Health Services** – Request for approval of a retroactive sole source contract renewal with the West Bay Pilipino Multi-Service Center, in the amount of $60,000 per year, to provide mental health services targeting immigrants transitioning to community care, for a four year period of July 1, 2002 through June 30, 2006 for a combined total of $240,000 for the four year period. The contract is retroactive due to the need for the contractor to revise contract documents to incorporate changes in funding after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and is currently not receiving payment.
* *Calendaring Request Memo, Program Client Demographic Information, Monitoring Report Summary*

(3.7) **PHP- Behavioral Health Services** – Request for approval of a retroactive contract renewal with the North of Market Senior Services, in the amount of $711,105, to provide outreach, outpatient, and drop-in substance abuse services, for the period of July 1, 2002 through June 30, 2003. The contract is retroactive due to the need for the contractor to revise contract documents to incorporate changes in funding after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and is currently receiving payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring Request Memo, Program Client Demographic Information, Monitoring Report Summary, Vendor Response Letter*

(3.8) **PHP- Behavioral Health Services** – Request for approval of a retroactive contract renewal with the Progress Foundation, in the amount of $8,687,056, to provide mental health, residential, outpatient, and day treatment services, targeting adult residents of San Francisco with special services to Senior, African American, Asian, Latino and Homeless communities for the period of July 1, 2002 through June 30, 2003. The contract is retroactive due to the need for the contractor to revise contract documents after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring Request Memo, Program Client Demographic Information, Monitoring Report Summary*

(3.9) **PHP- Behavioral Health Services** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $7,595,370, to provide residential, rehabilitation and intensive day treatment services, for the period of July 1, 2002 through June 30, 2003. The contract is retroactive due to the need for the contractor to revise contract documents to incorporate changes in funding, including COLA, after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring Request Memo, Program Client Demographic Information, Monitoring Report Summary*

(3.10) **PHP- Behavioral Health Services** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $3,056,019, to provide residential treatment and detoxification services, targeting gay males, dual diagnosed clients co-existing with HIV and homeless clients for the period of July 1, 2002 through June 30, 2003. The contract is retroactive due to the need for the contractor to revise contract documents to incorporate changes in funding after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
* *Calendaring Request Memo, Program Client Demographic Information, Monitoring Report Summary, Vendor Response Letter*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
**Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE ANNUAL ENVIRONMENTAL HEALTH UPDATE**
(Rajiv Bhatia, M.D., Director Environmental and Occupational Safety and Health)
**Update*

6) **FOR DISCUSSION** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**
(Frances Culp, Policy and Planning)
**Report*

7) **FOR DISCUSSION:** **PRESENTATION OF THE STRATEGIC PLAN UPDATE**
(Anne Kronenberg, Director of Policy and Planning)
**Update*

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

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* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

SF
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11/19/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 19, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:15 p.m.

Present:
Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Ph.D.

Commissioner Chow announced that Commissioner Michael Penn has been appointed to the Budget Committee.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF NOVEMBER 5, 2002

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the minutes of the November 5, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **AIDS Office** – Request for approval to accept and expend, retroactively, grant funds from the Department of Health and Human Services, Office of Minority Health, in the amount of $650,000, for the second year of funding, for HIV Care and Related Services for Women and Minorities, for the period of September 30, 2002 to September 29, 2003.

(3.2) **PHP-CHPP** – Request for approval of a retroactive sole source contract renewal with the International Institute of San Francisco, in the amount of $208,576, to provide preventive health services to refugees of all ages for the period of October 1, 2002 through September 30, 2003. This contract is retroactive due to delays in issuing the notice of renewal. The contractor has continued to provide services and is currently not receiving payment.

(3.3) **PHP-CHPP** – Request for approval of a retroactive sole source contract renewal with the San Francisco Study Center, in the amount of $518,342, to provide technical assistance to the Bayview Hunters Point Health Environment Resource Center (HERC) for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to delays in determining the amount available for the renewal of the contract. The contractor has continued to provide services and is currently not receiving payment.

Commissioners' Comments

- Commissioner Monfredini asked that an update on the transition to an independent agency be presented to the Budget Committee in April.

(3.4) **CHP-Behavioral Health Services** – Request for approval of a retroactive sole source contract renewal with Central City Hospitality House, in the amount of $567,618, to provide drop-in and self-help services for the homeless, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive because of extended contract negotiations. The contractor continued to provide services and receive payment under an interim agreement approved by the Health Commission on July 12, 2002.

Fred Milligan, DPH Program Manager, clarified that the audit referred to on page 3.4.1 was the audit for FY 2001 not FY 2002. The audit was completed a number of months ago.

Commissioners' Comments

At the request of Commissioner Monfredini, Executive Director Jackie Jenks described the agency's five-year

- strategic plan, for which they have identified preliminary funding needs. Commissioner Monfredini commented that this is a scary time and commended the agency for the strategic plan.

(3.5) **CHP-Behavioral Health Services** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $3,524,567 per year, to provide citywide case management mental health services targeting Psychiatric Emergency

Services clients and County Jail inmates with mental illness, for a two year period of July 1, 2002 through June 30, 2004 for a combined total of $7,049,134 for the two year period. The contract is retroactive due to the need for the contractor to revise contract documents to incorporate changes in funding after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and is currently not receiving payment.

(3.6) **CHP-Behavioral Health Services** – Request for approval of a retroactive sole source contract renewal with the West Bay Pilipino Multi-Service Center, in the amount of $60,000 per year, to provide mental health services targeting immigrants transitioning to community care, for a four year period of July 1, 2002 through June 30, 2006 for a combined total of $240,000 for the four year period. The contract is retroactive due to the need for the contractor to revise contract documents to incorporate changes in funding after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and is currently not receiving payment.

(3.7) **PHP- Behavioral Health Services** – Request for approval of a retroactive contract renewal with the North of Market Senior Services, in the amount of $711,105, to provide outreach, outpatient, and drop-in substance abuse services, for the period of July 1, 2002 through June 30, 2003. The contract is retroactive due to the need for the contractor to revise contract documents to incorporate changes in funding after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and is currently receiving payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

(3.8) **PHP- Behavioral Health Services** – Request for approval of a retroactive contract renewal with the Progress Foundation, in the amount of $8,687,056, to provide mental health, residential, outpatient, and day treatment services, targeting adult residents of San Francisco with special services to Senior, African American, Asian, Latino and Homeless communities for the period of July 1, 2002 through June 30, 2003. The contract is retroactive due to the need for the contractor to revise contract documents after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

(3.9) **PHP- Behavioral Health Services** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $7,595,370, to provide residential, rehabilitation and intensive day treatment services, for the period of July 1, 2002 through June 30, 2003. The contract is retroactive due to the need for the contractor to revise contract documents to incorporate changes in funding, including COLA, after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Umekubo asked about the lack of client satisfaction survey. Pablo Bravo from Baker Places and Linda Wang from CMHS will get a response to the Health Commission office explaining if the Needs Improvement rating for client satisfaction was an error and if not, how the agency has addressed this deficiency.

(3.10) **PHP- Behavioral Health Services** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $3,056,019, to provide residential treatment and detoxification services, targeting gay males, dual diagnosed clients co-existing with HIV and homeless clients for the period of July 1, 2002 through June 30, 2003. The contract is retroactive

due to the need for the contractor to revise contract documents to incorporate changes in funding after finalization of the Department's fiscal year 2002-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Monfredini asked that the client satisfaction survey analysis for FY 01-02 be report to the Budget Committee through the Heath Commission Office when it is completed.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the Budget Committee consent calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

City Departments Received Budget Instructions

City Departments, including the Department of Public Health, received a very sobering briefing from the Mayor's Budget Office last week concerning the status of the City budget.

As Commissioners will remember, this year's City budget was balanced using $100 million of one-time sources that will not be available for the 2003-04 year. The theory behind using these one-time fixes was that the economy would improve in fiscal year 2002-03, thereby avoiding the need to make more difficult cuts. Unfortunately, the economy has not improved and is not projected to improve. Proposition L, which would have brought about $30 million dollars of revenue to the City by increasing tax on properties sold for $1 million or more, was turned down by the voters.

The result is that the City is projecting a $170 million shortfall for 2003-04. This shortfall assumes no wage increases for City employees. To eliminate this shortfall, all departments will be asked to decrease reliance on the General Fund by 3% in the **current fiscal year.** The plans must be submitted by December 9, 2002 to the Mayor's Office. For the Health Department this is $9 million and would decrease our General Fund from $290 million to $281 million. DPH will bring the plan to the Health Commission on December 3, 2002. Although DPH is still developing the plan it will include additional revenues as well as programmatic cuts.

In terms of the budget for 2003-04, DPH will need to maintain the $9 million dollar cuts to the General Fund. This is an important point because it means that any one-time General Fund reductions DPH makes for this year will necessitate identification of new cuts for the following year. On the other hand, to the extent that DPH can identify ongoing revenue or ongoing programmatic cuts, DPH will not need to make cuts twice.

Beyond living within a decreased General Fund of $281 million in fiscal year 2002-03 DPH will need to make an additional 5% of cuts to absorb known citywide cost increases. This would amount to an additional $16 million of cuts.

Finally, the Mayor's Office has asked each Department to supply a contingency plan for 5% of additional cuts that may or may not be necessary depending on the City's financial situation. DPH will bring the fiscal year 2003-04 budget to the Health Commission on February 5th and February 18th of 2003.

Veterans of the City budget cycle know that the initial budget scenario is often the most bleak. However, veterans also know to pay attention to where the scenarios begin. This is the most demanding in terms of cuts that DPH has received in the past seven years.

Although DPH is still working on the actual details, the Commission and the public should be aware that there have been no fundamental changes in the need for General Fund from last year. Therefore, DPH is likely to propose similar cuts to those proposed in prior years.

Care Not Cash

On November 5, 2002, San Francisco voters passed Proposition N, the "Care Not Cash" initiative. This measure will reduce General Assistance payments to San Francisco's homeless residents from a maximum of $395 per month to $59 per month and replace the cash with housing and food services. If housing and food services are not available, the client will receive the full cash award. It is due to take effect on July 1, 2003. While the Department of Human Services (DHS) will be the primary department to implement "Care Not Cash," DPH will work with DHS to ensure that mental health, substance abuse, primary care, and other services are available to homeless clients, and that the two departments coordinate services for this population.

Proposal to provide Health Care Services to Taxi Cab Drivers

Yesterday, the Board of Supervisor's passed legislation on the first reading to increase taxi fare rates by a vote of 8 – 1. Part of the ordinance requires that the Controller submit recommendations to the Board by October 2003 exploring the feasibility of enacting a health benefit package for drivers. The fare increase would be used as the funding source for the program. Supervisor Ammiano asked the Department to consider the possibility of providing health care for taxi drivers through the Community Health Network and DPH said it would be happy to put together such a package. Because taxi cab drivers are by definition, low income workers, providing medical care for this population is consistent with DPH mission. It would be possible for the Department to put together a coordinated service package for taxi cab drivers that includes primary medical care, pharmaceuticals and inpatient services. The major limitation of such a package is that it is not health insurance. Members would not be eligible for services outside DPH network and there would be no portability of the package if they left employment. As stated in the ordinance, if the City fails to enact this program (unless the Controller deems it is not feasible) the fare increase would expire. Dr. Katz will keep the Commission apprised of future developments.

Transgender Life Care Project

The Transgender Life Care Project, a collaboration between UCSF and the Department's Community Mental Health Services, funded by a grant from Substance Abuse and Mental Health Services Administration, is now fully operational. The primary aim of this project is to provide mental health care to transgender and questioning individuals in a primary care setting. Services are being offered at the Castro-Mission Health Center as well as at the UCSF Health Studies for People of Color program.

Children's System of Care

On October 21st, the Work Group on Community-Based Systems of Care from the American Academy of Child and Adolescent Psychiatry presented a symposium on "Community Mental Health Strategies For America's Children" in San Francisco. The symposium presented the San Francisco Children's System of Care as an exemplary model in the development of children's mental health services. A number of Department staff gave presentations. Over 150 psychiatrists and providers attended the symposium.

CDC Syphilis Funding

The Centers for Disease Control and Prevention (CDC) has allocated $400,000 to eliminate syphilis in San Francisco. As required by the funder, 30% of all syphilis elimination monies will be awarded to community-based agencies. The STD Division will be putting these funds out to bid as soon as they are authorized to do so by the CDC. The remainder of the funds will be used to hire additional staff to perform investigations and community outreach as well as to supplement advertising and stipend budgets.

Women's Health Fair
Today from 9 am to 3 pm, Tom Waddell Health Center hosted a Women's Health Fair for homeless and low-income women. This event, planned with a special emphasis on breast and cervical health, provided an excellent opportunity for patients to receive drop-in pap smears and to learn about local community resources. Event coordinators also made arrangements for scheduled mammogram screenings, women's support groups and a variety of educational opportunities.

Flu Shots in Housing
This is the second year that the Department's Housing and Urban Health (HUH) has systematically provided flu vaccinations for residents of our supportive housing facilities. Carol Baillie, RN and

Albert Pappallardo, RN of HUH, in collaboration with the Adult Immunization Clinic and volunteer medical students from UCSF School of Medicine, have provided free immunizations for residents of the Le Nain, Pacific Bay Inn and Camelot Hotels, the Broderick Street Residential Care Facility as well as staff and clients of the St. James Infirmary and the 5th Street Multiservice Center. Overall more than 200 immunizations were provided. DPH hopes that this effort will result in fewer cases of flu this winter as well as a reduction in clinic and emergency room utilization.

COMMUNITY HEALTH NETWORK/ SAN FRANCISCO GENERAL HOSPITAL CREDENTIALS REPORT

November 2002
Health Commission – Director of Health Report
(From 11/04/02 MEC and 11/12/02 JCC)

	11/02	7/02 to 10/02
New Appointments	23	119
Reinstatements		1
Reappointments	51	104
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	11	71
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	3	
Voluntary Relinquishments	3	13
Proctorship Completed	6	52

Current Statistics – as of 09/01/02	
Active Staff	480
Affiliate Professionals (non-physicians)	151
Courtesy Staff	480
Referring Staff	44
Total Members	1083

Applications In Process	38	
Applications Withdrawn Month of September 2002	2	4 (07/02 to 10/02)
SFGH Reappointments in Process December 2002. to March 2003	139	

Commissioners' Comments

- Commissioner Umekubo asked if there is any indication that Medi-Cal rates will increase. Dr. Katz said that is unlikely. In fact, the city will probably receive further cuts due to the State budget. Grant funding is almost impossible to get for on-going services. Staff is currently working to see if we can increase our sponsorship percentages for hospital services and behavioral health services.

- Commissioner Guy asked the estimate of the number of taxi drivers who would benefit from the health care services program. Dr. Katz said that there are 6,000 taxi cab drivers. 1,400 of these drivers own a taxi medallion, and presumably they would not need this program. But because of the independent contractor nature of the taxi business, it is hard to identify a specific number. Commissioner Guy is pleased that DPH will be working closely with DHS to implement Proposition N. She emphasized the importance of helping the two thirds of General Assistance recipients who are housed to maintain their housing and not move into the shelter system.

- Commissioner Parker asked if the assumption that there will be no cost of living increases next year applies to step increases as well. Dr. Katz said employees would still receive step increases.

Commissioner Chow, on behalf of the Commission, acknowledged Matisse Enzer who donated their time and resources… Dr. Josh Bamberger accepted the certificates on their behalf.

5) PRESENTATION OF THE ANNUAL ENVIRONMENTAL HEALTH UPDATE

Rajiv Bhatia, M.D., Director Environmental and Occupational Safety and Health, presented the Annual Environmental Health Update. This update will attempt to put the work the division is doing in a comprehensive strategic framework. Environmental Health has the opportunity to work in many arenas that impact people's overall health—media, schools, housing and workplaces. They also work through a variety of means. The overall goal of the division is to provide an integrated approach to healthy people and environments.

The organization consists of Compliance Programs (more than 75% of the staff), Occupational and Environmental Health, Children's Environment and a newly established Health Inequities Research Unit.

Elements of Approach
- Ensuring our mandates
- Taking a systems and interdisciplinary view of current issues
- Working through collaborations
- Supporting community capacity
- Developing evaluation tools and methods

Dr. Bhatia gave updates on fiscal trends, public data access, healthy housing activities, environmentally friendly businesses, Safe Devices Committee, Day Labor Project, Food Systems Project, and Impact Assessment Project.

Fiscal Trends – All of the new work the division has done has been done without any net increase in staff size or program cost. They have been successful in getting the revenues from the compliance programs that allow them a good deal of financial stability.

Public Data Access – The goal is to have all of the data on the Internet for web-based program data access. The first program on line was food violations.

Healthy Housing Activities – Environmental Health has a comprehensive approach to healthy housing that now includes code enforcement program, regular inspections of SRO housing, home assessments for asthmatics, property management training and asthma friendly housing.

Safe Devices Committee – a partnership with staff and unions to select the safest devices and improve working conditions. It has been successful in new device selection and the staff participation in the process supports education and awareness.

SFDPH Clean and Green – a partnership between the State, city agencies and businesses that use hazardous materials. We provide training and resources for environmentally friendly business practices, and certify businesses.

Day Labor Project – day laborers suffer a number of health issues—violence and victimization, unsafe working conditions, fear of accessing medical services. One of the immediate successes of this effort was to engage the State in this effort. Environmental Health provides education and training on a monthly basis where the day laborers are at, have held focus groups, is working toward a vocational training program and will be working on employee outreach.

Food Systems Project – one of the major projects in the unit. Food and health is a multidimensional problem. Environmental Health felt there was an opportunity to promote bringing healthy produce closer to the San Francisco consumers and provide more healthy choices. Current activities include developing the Community Food Systems Council, a partnership between DPH and the San Francisco Foundation. They are conducting a feasibility study for a SFUSD Farm-to-School program and producing a community food assessment guidebook. They are conducting community food assessments in Bayview Hunters Point and planning for a Food System Alliance Conference. Anticipated impacts include increased use of farmer's markets, promotion of community-supported agriculture, school-based connections to farming through gardens, curriculum and food choices and cultural support fur healthy food choices.

Impact Assessment Project – came out of the fact that in environmental impact assessments, health is considered in limited ways and there are limited opportunities for meaningful community participation. The strategy is to work with Planning and Redevelopment to try to model ways to complement their existing environmental review processes. The first community applications were food security strategies, the rent dislocation ordinance, Green School Yards program and review of San Francisco's minimum wage ordinance. Challenges to developing Health Impact Assessment include ensuring that decision makers take this seriously, integrating it with existing institutional procedures and generating supporting stakeholder capacity and resources.

Looking forward to 2003

- Responding to the West Nile Virus
- Retail Food Program Planning
- Integration of Children's Programs
- Application of HIA
- Action curriculum for high schools

Commissioners' Comments

- Commissioner Chow asked how HIA will be applied, and are there any mandates that these types of assessments be done. Dr. Bhatia said that California law sets a threshold for what needs to be done in an environmental impact assessment, and HIA goes beyond this threshold. The goal of Environmental Health is to develop a program that they can demonstrate works. Commissioner Chow asked if the compliance revenues cover the cost of all Environmental Health programs. Dr. Katz said that the fees do not cover the cost of the programs, and there is some general fund dollars, as well as grant funding. Commissioner Chow asked if other jurisdictions have HIA programs. Dr. Bhatia said that no other jurisdictions have this type of program. Dr. Katz commended Dr. Bhatia for broadening the perspective and mission of Environmental Health.

- Commissioner Penn supports public access to the data, and asks how the public is made aware that the website exists. Dr. Bhatia said that they have good relations with community organizations that are interested in this data—in fact were advocating for the data. With regard to the food inspections, media outreach was done. Commissioner Penn asked how physicians were made aware that services for asthmatics are available. Dr. Bhatia said the most extensive outreach they did was presentations to community clinics and letters to asthma patients.

- Commissioner Umekubo asked how DPH is addressing the issue of poor nutrition and obesity in school children. Dr. Bhatia said that Environmental Health is addressing a piece of this problem, basically how to bring farm produce into San Francisco and the schools. There are a number of other efforts in DPH to collaborate with the school district on this issue. Commissioner Umekubo urged the Department to keep raising the bar.

- Commissioner Guy said that there are not many health departments who have the vision to use tools such as HIA. She encourages the Department to pursue environmental equity and wants to continue to work on this through the Population Health and Prevention Joint Conference Committee. She asked if there is continued analysis on the role of income on health, as was done with the analysis of the minimum wage ordinance. Dr. Bhatia replied the minimum wage work was very important but it is a very large issue. The next phase of the effort, however, is not technical analysis.

- Commissioner Parker said that the Department has launched a strong program addressing environmental justice. This is a good starting point for individuals in the community because often community members wait for mandates and laws to make changes, but we are educating people to take action sooner rather than later.

6) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Items 6 and 7 were presented together. Anne Kronenberg, Director of Policy and Planning, gave an overview of the strategic planning efforts. The strategic planning effort began in 1999 with the hope that through this process the Department would: work with the community to identify health improvements; strengthen prevention efforts; identify populations DPH should more appropriately serve; develop program priorities to maximize the effectiveness of limited resource; and respond to funding trend. After many hours of work and 52 town hall meetings with community and staff, the Health Commission adopted the Strategic Plan on January 8, 2001.

Frances Culp provided an overview of the 2001-2002 Annual Report. The Annual Report follows the Strategic Plan's framework and outlines progress toward achieving the goals and objectives of the Strategic Plan. The Annual Report includes information about who the Health Department is, who it serves and how it is funded, as well as how the programs and services support the Strategic Plan planning goals and objectives.

There are more than 6,000 Health Department employees, certified in 16 languages. The Department has more that 50 advisory groups, and contracts with over 120 organizations. The Community Health Network (CHN) provided care to 121,946 clients during 2001-2002. Nine percent of these patients were classified as homeless, and the percentages of African-Americans and Latinos who rely on CHN is significantly higher than the City's overall population. Community Mental Health Services provided care to 21,535 clients, many of whom have more than one mental diagnosis, most often substance abuse disorders. Community Substance Abuse Services served 14,127 clients. Heroin is the most commonly used drug. San Francisco City Clinic served 12,008 clients, 75% of whom are male.

The Department's budget in FY 2001-2002 was $982.1 million. $306.4 million came from the General Fund, representing 31% of the budget. Medi-Cal revenue comprised 26% of DPH's budget. Reliance on the General Fund grew from last year, when General Fund and Medi-Cal each represented 29 percent of the budget.

Ms. Culp highlighted programs for each of the Strategic Plan goals. She emphasized that this is not a comprehensive list, just examples of how the Department is moving forward to accomplish its mission.

Goal 1: Access, emphasize services to target populations

- Lessons learned from 9/11/01 – the Disaster Registry Program; EMS Section improvements; the DPH Disaster Plan; Public Health Laboratory, which is now able to analyze specimens for the presence of anthrax.
- YouthPOWER
- Healthy Kids
- New supportive housing programs

Goal 2: Disease and injury are prevented

- Healthy Penis 2002
- Support for Women with Cancer at Chinatown Public Health Center
- Effort to reduce medication errors
- DPH's "Chill Out" campaign, to encourage safer driving practices

Goal 3: Services/programs are cost-effective, resources maximized

- Pharmaceutical cost savings, via manufacturer patient assistance programs, better antibiotic drug use, formulary management and special pricing negotiated with drug manufacturers
- Rebuilding SFGH – second phase of planning
- Food violations on-line

Goal 4: Partnerships with communities are created and sustained

- OBOAT (Office-based Opiate Addiction Treatment) – planned with local methadone providers, physicians and pharmacists, worked with the State on regulations and received federal funding
- Nursing excellence program
- Bosnian Community Wellness Program

Jim Soos, Policy and Planning, discussed the challenges for the coming year, and discussed the Department's direction.

The two challenges that will have the most impact are budgetary concerns at all levels of government and a shifted emphasis on terrorism and bio-terrorism preparedness in the wake of the September 11, 2001 attacks on the U.S.

- Budgetary issues.
  - ✓ Federal – three issues that will impact DPH this year: DSH cliff; the Upper Payment Limit, which will be implemented in California in Federal Fiscal Year 03-04; and changes to the Selective Provider Contracting Program.

  - ✓ State – three issues in the State budget will also impact the Department's realization of the Strategic Plan: a proposed DSH administrative fee increase; the hospital outpatient settlement; and a projected $15 billion State budget gap.

- Terrorism/bioterrorism – the Strategic Plan was adopted prior to September 11, 2001, and the activities of many sections have necessarily been diverted toward terrorism and bio-terrorism preparation. This is particularly true for Community Health and Epidemiology and Disease Control, the Public Health laboratory, EMS and SFGH.

The Department's direction for the coming year includes the SFGH and LHH rebuild efforts, clinic retrofits, the development of a five-year Prevention Plan, implementation of Behavioral Health and homeless services.

Anne Kronenberg provided the Commission with recommendations for the Strategic Plan.

- ➢ Streamline the plan – not eliminating the four goals, but simplifying the strategies that fall under the goals. There is a lot of overlap so staff proposes paring down the strategies from

25 to 14. This will place greater emphasis on the four primary goals and reduce confusion about which strategy applies to which program.

- Consolidate that Strategic Plan and Annual Report into one update. This would result in a more comprehensive Annual Report that looks at the Department from a programmatic perspective as well as from (check tape). This would give an overall perspective of what the Department wants to accomplish.

Commissioners' Comments

- Commissioner Chow commended staff for the comprehensive report and said that it has wide applicability. He also acknowledged Commissioner Guy for her leadership to create the Strategic Plan. The Commission will work with staff to implement the recommendations. Commissioner Chow said that the underutilization of drug and alcohol services by Asian Americans might be due to the fact that some Asian-focused programs receive funding directly from the federal government. So the need may be there but people are accessing services outside of the Department. He also asked for information about if the drop in the proportion in Medi-Cal revenue equates to a real decrease in actual Medi-Cal dollars, and what the implication of this is. Dr. Katz will get this information to the Commissioners. Dr. Katz said there is research that shows a lower incidence of drug and alcohol abuse by Asian Pacific Islanders. Commissioner Chow commended staff for an excellent report, and hopes the City is aware of the Department's efforts.

- Commissioner Monfredini commended staff for the report, and appreciates that the Strategic Plan was presented as part of the Annual Report because there is such synergy. Some of the facts in the reports concern her, for example that heroin is the number one drug of choice. She would like this issue to be followed more carefully. The funding issues are very daunting and will be tremendous barriers to implementing the Strategic Plan.

- Commissioner Umekubo noted that from 1996-1999 hospital admissions due to alcohol and drugs increased. One encouraging statistic was the decrease in ED drug episodes. Dr. Katz said that experts agree that the number one reason heroin use has increased is because the price has markedly dropped.

- Commissioner Penn supports combining the Annual Report and the Strategic Plan, particularly with regard to challenges. This will also present a more balanced view of the Department to the public—rather than just identifying accomplishments, present the challenges as well.

- Commissioner Guy supports efforts to make the Strategic Plan a more effective and dynamic plan. For the next year, the Joint Conference Committees need to be more successful in incorporating the Strategic Plans into its dialogues. She asked if bioterrorism is changing anything in terms of cost or how staff does its work. Dr. Katz said yes for both questions. The person who is currently working on the smallpox vaccination plan was doing immunizations as her full-time job. Tomás Aragon has spent most of the past six months working on communication methods between DPH and other hospitals. He has tried to keep the work generalized, and as an opportunity to develop a plan to deal with a variety of epidemics, not just a terrorist attacks.

- Commissioner Parker said the report is very encouraging because, regardless of all the challenges, it shows that the Department is on the right track. The Department has all the necessary data, and now just needs to bring it together to address health needs and health disparities. The Department has evolved tremendously since he became a member of the commission.

Commissioner Umekubo left at 6:45 p.m.

7) PRESENTATION OF THE STRATEGIC PLAN UPDATE

See above.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 6:00 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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Executive Secretary

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Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 3, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF NOVEMBER 19, 2002**
**Minutes of November 19, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN-Primary Care** – Request for approval of a retroactive sole source contract renewal with Lyon-Martin Women's Health Services, in the amount of $96,024, to provide comprehensive primary medical care services to low-income women and transgender residents of San Francisco, for the period of July 1, 2002, through June 30, 2006. This contract is retroactive because of extended contract negotiations. There is no interim agreement currently in place.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.2) **CHN-Primary Care** – Request for approval of a retroactive sole source renewal contract with Shanti Project, in the amount of $75,750, to provide LifeLines Project services that support women living with breast cancer, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to reductions in funding and negotiation of related program reductions. Shanti is currently not receiving payments through an interim agreement.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.3) **PHP-AB75 Project** – Request to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents Program (CHIP) funds for FY 2002-03.
** Calendaring request memo, Expenditure description package, Detail sheets*

(3.4) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $5,573,291, to provide children's mental health, adult care management, geriatric, substance abuse and fiscal intermediary services, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a COLA after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receives payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.5) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Homeless Children's Network, in the amount of $228,285, to provide quality child care services targeting center-based and family child care providers and to provide therapy to homeless children in shelters, for the period of July 1, 2002 through June 30, 2002. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a COLA after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summary, Plan of correction and memo, Client demographic information form*

(3.6) **PHP Behavioral Health Services** – Request for approval of a retroactive contract renewal with San Francisco Pretrial Diversion Project, Inc., in the amount of $68,601, to provide substance abuse prevention services targeting adult Superior Court defendants, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a COLA and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summary and response letters*

(3.7) **PHP-Behavioral Health Services** – Request for approval to accept and expend a grant from the Substance Abuse Mental Health Services Administration (SAMHSA), in the amount of $8,873,683, for the support of a six-year project to expand our local children's system of care, for the period of September 30, 2002 to September 29, 2008.
** Calendaring request memo, Budget justification*

(3.8) **PHP-CHPP** – Request for approval of a retroactive sole source contract renewal with NICOS Chinese Health Coalition, in the amount of $60,600, to provide problem-gambling prevention services in the Chinese community, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the reserve status of funding, which was only recently released by the Controller's Office in November 2002. NICOS is currently not receiving contract payment through an interim agreement.
* *Calendaring request memo, Monitoring report summary, Response letter from NICOS, Client demographic information form*

(3.9) **DPH-Central Administration** – Request for approval of a new contract with P.B. Strategies, in the amount of $85,000, to provide strategic planning and project management services for ongoing primary care capital improvement projects, for the period of December 1, 2002 through June 30, 2003.
* *Calendaring request memo, Monitoring report summary*

(3.10) SFGH - Request for approval of a resolution approving the transfer of the Department of Public Health's Institutional Police to the San Francisco Sheriff's Department and Authorizing the Director of Health to enter into a Letter of Management Agreement regarding this transfer.

(3.11) SFGH - Request for approval of an ordinance amending the Administrative Code, authorizing the Department of Public Health to procure and enter into maintenance and repair contracts for the preservation and protection of public health facilities.

4)	**FOR DISCUSSION:**	**DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health) (Report on activities and operations of the Department.) **Report*
5)	**FOR DISCUSSION:**	**PRESENTATION OF THE ANNUAL AIDS UPDATE** (Loyce, Jimmy, Deputy Director of Public Health for AIDS Programs) **Update*
6)	**FOR DISCUSSION AND ACTION:**	**PRESENTATION OF A PROPOSAL FOR A REVISED FY 2002-03 BUDGET, AND CONSIDERATION OF A RESOLUTION SUPPORTING THE PROPOSED REVISIONS** (Gregg Sass, DPH Chief Finance Officer) **Resolution*

7) **PUBLIC COMMENTS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 3, 2002
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by President Chow at 3:20 p.m.

Present:
Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF NOVEMBER 19, 2002

Action Taken: The Commission approved the minutes of the November 19, 2002 Health Commission meeting with one amendment. Commissioner Chow's comments on Page 7 were amended to read "Commissioner Chow, on behalf of the Commission, acknowledged Matisse Enzer and Alejandro Levins, who donated their time and resources to develop and implement an innovative pager system for the Action Point Project, and presented Certificates of Appreciation to these two individuals."

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **CHN-Primary Care** – Request for approval of a retroactive sole source contract renewal with Lyon-Martin Women's Health Services, in the amount of $96,024, to provide comprehensive primary medical care services to low-income women and transgender residents of San Francisco, for the period of July 1, 2002, through June 30, 2006. This contract is retroactive because of extended contract negotiations. There is no interim agreement currently in place.

- The Department requested that this contract be modified to a one-year term and an amount of $24,006. Fred Milligan, DPH Program Manager, said that because of the uncertainties in the budget, they felt it was best to have a one-year contract rather than a multi-year contract.

Commissioners' Comments

- Commissioner Monfredini emphasized to the agency that the reduction in the term of the contract is not a reflection of the Health Commission's unhappiness with the agency, but rather a result of the reality of the budget. Ms. Williams-Flournoy, executive director, said she understands the realities of the budget cuts.

- Commissioner Umekubo asked that staff report on how the upcoming audit compares to the previous audit, in terms of addressing previous quality assurance findings.

(3.2) **CHN-Primary Care** – Request for approval of a retroactive sole source renewal contract with Shanti Project, in the amount of $75,750, to provide LifeLines Project services that support women living with breast cancer, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to reductions in funding and negotiation of related program reductions. Shanti is currently not receiving payments through an interim agreement.

Commissioners' Comments

- Commissioner Monfredini asked the status of the search for a permanent executive director. Kevin Burns, Shanti program manager, replied that they have selected a new executive director who will begin on December 16.

- Commissioner Umekubo commended the agency for its excellent monitoring report.

(3.3) **PHP-AB75 Project** – Request to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents Program (CHIP) funds for FY 2002-03.

(3.4) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $5,573,291, to provide children's mental health, adult care management, geriatric, substance abuse and fiscal intermediary services, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a COLA after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receives payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

Public Comment

- Chuck Collins, Executive Director of the Family Services Agency, expressed his appreciation for the years of partnership with DPH. He is proud of the ratings the agency has received. The agency has been working with staff in preparation from next year's budget.

(3.5) **PHP-Behavioral Health Services** – Request for approval of a retroactive contract renewal with Homeless Children's Network, in the amount of $228,285, to provide quality child care services targeting center-based and family child care providers and to provide therapy to homeless children in shelters, for the period of July 1, 2002 through June 30, 2002. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a COLA after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Monfredini asked if the corrective action plan is being implemented and monitored. Carla Weiss, Ph.D., Executive Director, said the agency is implementing the four-part plan detailed in the Plan of Correction and the results will be reflected in the 2001-2002 monitoring report.

(3.6) **PHP Behavioral Health Services** – Request for approval of a retroactive contract renewal with San Francisco Pretrial Diversion Project, Inc., in the amount of $68,601, to provide substance abuse prevention services targeting adult Superior Court defendants, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a COLA and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

- Commissioner Penn asked why the agency received a low score for client satisfaction. Mr. Leong said that the problem has been that they do not provide direct services, but referrals. They are working with DPH to develop an appropriate satisfaction survey in the next three months. The Budget Committee wants this survey implemented in the next six months and requested a follow-up report in six months.

- Commissioner Umekubo asked if the cultural competency plan has been submitted. Mr. Leong said it has not been submitted but will be in the next two weeks.

(3.7) **PHP-Behavioral Health Services** – Request for approval to accept and expend a grant from the Substance Abuse Mental Health Services Administration (SAMHSA), in the amount of $8,873,683, for the support of a six-year project to expand our local children's system of care, for the period of September 30, 2002 to September 29, 2008.

Commissioners' Comments

- Commissioner Penn asked about how the UCSF Child Services group was selected to evaluate the program. Esperanza Echavarri replied that they were selected through a review process.

(3.8) **PHP-CHPP** – Request for approval of a retroactive sole source contract renewal with NICOS Chinese Health Coalition, in the amount of $60,600, to provide problem-gambling prevention services in the Chinese community, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the reserve status of funding, which was only recently released by the Controller's Office in November 2002. NICOS is currently not receiving contract payment through an interim agreement.

Commissioners' Comments

- Commissioner Umekubo asked if the agency addresses the close connection between compulsive gambling and domestic violence. Mr. Woo said that NICOs works closely with the Cameron House to tackle this issue.

- Commissioner Penn asked to what the agency contributes it success. Mr. Woo said probably the media campaign.

- Commissioner Chow abstained from voting on this item.

(3.9) **DPH-Central Administration** – Request for approval of a new contract with P.B. Strategies, in the amount of $85,000, to provide strategic planning and project management services for ongoing primary care capital improvement projects, for the period of December 1, 2002 through June 30, 2003.

(3.10) **SFGH** - Request for approval of a resolution approving the transfer of the Department of Public Health's Institutional Police to the San Francisco Sheriff's Department and Authorizing the Director of Health to enter into a Letter of Management Agreement regarding this transfer.

Health Commission Discussion

The Health Commission discussed item 3.10 separately. Dr. Chow welcomed Sheriff Hennessey, who said that this has been a long process working through a pilot program. The two departments have a good working relationship and have worked together on many efforts over the year, particularly jail health services. Commissioner Chow said this partnership would lead to an even more professional force than we currently have for and on behalf of the patients. Commissioner Sanchez expressed his excitement at this transition and hopes that this new partnership will provide opportunities for young people to pursue law enforcement careers within the context of the DPH institutions. Commissioner Monfredini said that this issue has been deliberated through the San Francisco General Hospital Joint Conference Committee and she looks forward to its implementation.

(3.11) **SFGH** - Request for approval of an ordinance amending the Administrative Code, authorizing the Department of Public Health to procure and enter into maintenance and repair contracts for the preservation and protection of public health facilities.

Commissioners' Comments – Health Commission

- Commissioner Monfredini emphasized that she takes very seriously the issue of executive directors attending the Budget Committee meeting when they have contracts before the Commission. She asked the Health Commission to request that the Department fully explain to all contractors that importance of executive directors attending the meetings when their contract is up for approval. Anne Kronenberg said staff would certainly convey this message.

Action Taken: The Commission approved Items 3.1 – 3.9 and 3.11 of the Budget Committee Consent Calendar with the amendment to Item 3.1 to change the term of the Lyon Martin contract to one year and an amount of $24,006. Commissioner Chow abstained from voting on Item 3.8. After separate discussion, the Health Commission approved Item 3.10 and adopted Resolution #13-02, "Approving the Transfer of the Institutional Police to the San Francisco Sheriff's Department and Authorizing the Director of Health to Enter into a Letter of Management Agreement Regarding this Transfer", (Attachment A).

4) DIRECTOR'S REPORT

The Director's Report was presented after Item 5.

5) PRESENTATION OF THE ANNUAL AIDS UPDATE

Dr. Susan Buchbinder introduced artist Rob Anderson, who created the multi-media presentation "Rattlesnake Inside a Moving Car," which was displayed outside of the Health Commission meeting room. The exhibit presents the personal sound recordings and images of individuals who have been HIV positive for 20 years or more. Commissioner Chow, on behalf of the Health Commission, presented Mr. Anderson with a Certificate of Appreciation.

Jimmy Loyce, Deputy Director of Public Health for AIDS Programs, presented the AIDS Office Annual Report. He gave a brief overview of the AIDS Office organization, which includes HIV/AIDS Statistics and Epidemiology, HIV Prevention, HIV Research, HIV Health Services and Prevention Research and Evaluation and HIV Health Services. The AIDS Office has 157 employees and its budget consists of general funds, federal funds and grants, state funds and private foundation grants. Two community planning councils advise the Department and the Mayor: the HIV Prevention Planning Council and HIV Health Services Planning Council.

Dr. Susan Schwarcz, co-director of HIV/AIDS Statistics and Epidemiology, presented the epidemiological data. Dr. Schwartz's section is responsible for gathering the data that is used by others to understand what is happening with the epidemic. They use a variety of data to help understand the magnitude and direction of the epidemic, the backbone of which is AIDS case reporting. This data is augmented with a variety of HIV prevalence and incidence studies, behavioral surveys and other indicators such as STD rates. DPH has just implemented HIV case reporting so future presentations will include this data.

AIDS cases peaked in 1992 and have declined since then. Deaths due to AIDS have declined since 1996 due in large part to the availability of effective treatment. Although there is a decline in AIDS cases, there is an ever increasing number of people living with AIDS in San Francisco. San Francisco has had approximately 28,000 people diagnosed with AIDS. Currently approximately 9,000 people are living with AIDS.

Dr. Schwarcz discussed the rates of AIDS among men by race. In 1992 whites were disproportionately infected. By 1996 the rates of African American men had caught up with the rates of white men and in 1998 the rates of African American men surpassed that of whites.

However, the rates in all ethnicities have declined. For women, throughout the epidemic African Americans have accounted for the majority of infected women.

The proportion of the percent of homeless AIDS cases has been increasing.

Rates of HIV peaked in 1982 then declined, and in the mid-1990s rates were stable. However, in the late 1990s and continuing to the present, HIV infection rates are increasing in San Francisco. Dr. Schwarcz discussed the estimated rates of HIV seroconversion in San Francisco in 1997 and 2001 for specific risk groups. Rates have increased for MSM and MSM-IDU. Rates in non-MSM IDUs have decreased, in large part due to the very effective needle exchange programs. Rates for heterosexuals are extremely low. Rates in transgendered individuals were very high.

Survival for people with AIDS has been improving, but less so for African Americans than for other groups. They have done analysis that demonstrates that there is not a racial difference that cannot be accounted for by treatment. They looked at HAART use by neighborhood, and the neighborhoods that had higher survival had higher HAART use.

She recapped prevention and care successes:

- New AIDS diagnosis and AIDS deaths continue to decline in all racial/ethnic, risk and gender groups
- No child under 13 diagnosed with AIDS
- Risk of AIDS due to transfusion now 1 in a million
- HIV transmission among non-MSM IDU is stable
- HIV among pregnant women is low and treatment to prevent transmission to infants is high
- HIV transmission among heterosexuals is rare

Dr. Steven Tierney presented the HIV Prevention Section. The types of services they offer include outreach, workshops, social marketing, risk reduction counseling, HIV testing, prevention case management, media development and needle exchange. Behavioral risk populations are used to prioritize and target services to those at the highest risk of HIV infection.

Dr. Tierney highlighted the Community Action Forum on Gay Health and three new initiatives to address prevention needs in the young African American MSM community.

New Initiatives in HIV Prevention

Research

- Provider capacity assessment for prevention for positives
- Systems Capacity Assessments by Neighborhood (SCAN) in the Bayview and Tenderloin
- Needs assessments with Native American Two Spirit communities, heterosexually identified MSM, recently seroconverted men

Services

- Expansion of prevention with gay men who use methamphetamines
- Condom social marketing
- HIV prevention for gay men over 45

Innovation in HIV Prevention

- Web infrastructure development (SFHIVPrevention.org)
- Evaluating Local Interventions data collection system

Michelle Long Dixon presented HIV Health Services. Services include primary medical care, home health care, dental care, housing, substance abuse treatment, mental health care, case management, peer and treatment advocacy, benefits counseling, food, legal assistance, child care and transportation. HIV Health Service priorities are to:

- Ensure access to care and eliminate disparities in care
- Assure comprehensive, high quality, culturally competent services
- Increase integration of services
- Bring those who know that they are HIV positive but are not into care into care

Ms. Long Dixon presented information on quality management initiatives and the development of standards of care. One of the features of this effort has been to include clients in the development process.

Future Directions

- Epidemiological Trends – HIV transmission appears to be increasing among MSM, MSM-IDU and possibly transgendered persons. Increases in HIV transmission are associated with amphetamine use in MSM. Declines in AIDS deaths and increases in new HIV infections results in an increase in the number of persons living with HIV/AIDS.

- Prevention Challenges – Increased need to shift and focus prevention messages to be effective for higher risk populations. Federal policies regulating prevention messages limit the effectiveness with those populations. Increased data collection requirements from State and Federal government puts focus on evaluation rather than client services.

- Care Challenges – Service increasing numbers of people living with HIV/AIDS; addressing the complexity of care, including multiple diagnoses, homelessness, Hepatitis C and other medical conditions. Expanding cultural competency and capacity to address needs of emerging populations, including the transgender community. Linking prevention, health services and research to improve services to clients.

- Resource Challenges - $2.2 million cut in CARE Title I for FY 2002 and a larger cut projected for FY 2003. The Office of Minority Health grant for technical assistance will end in 2003.

Commissioners' Comments

- Commissioner Penn asked if the Department really understands what is going on in the African American community that leads to higher rates of infection and lower survival rates. Mr. Loyce said that they do not have their hands around this problem, and that there are likely multiple answers. It is partially due to institutional racism. Partially because MSMs in the African American community tend not to consider themselves gay and do not respond to or identify with the messages about HIV prevention. The one thing they can do is continue to interact with the community and ask for messages that resonate. The AIDS Office will be rolling out multiple campaigns based on some focus groups. Commission Penn emphasized that these efforts need to be constantly evaluated to see if they are working, so that we do not continue to miss the core of the problem.

- Commissioner Parker said that even if we knew the avenues to take to address health disparities in the African American community, we would have to decide if we are willing to spend the majority of the funds to correct this disparities, because that is what it would take. He asked how people access the HAART program and where are these services geographically located. Ms. Long Dixon said that HAART therapy is available at all primary care sites. They have also instituted early intervention programs in the Mission and Bayview Hunters Point to try to increase the access to African Americans and Latinos. Another important element is the outreach workers who help clients adhere to the HAART program. Dr. Schwarcz added that among individuals who are diagnosed with AIDS, the survival of African Americans is worse because their use of HAART is worse. They are doing research now on the reasons for not using HAART therapy and expect to have sufficient data by March.

- Commissioner Umekubo said that although the rates of infection have decreased, and this is positive, he is concerned that something might change, such as the biology of the disease or the efficacy of the medication that would cause the rates to increase again. And the success could also lead to complacency and funding reductions. Our prevention funding has already been decreased and this presents a huge challenge.

- Commissioner Monfredini said that the information in the report pertains to San Francisco, that San Francisco's rates have dramatically decreased because of the work San Francisco has done so it is not surprising that the Ryan White funding has decreased. She is concerned that the fact that heterosexual transmission rates are almost non-existent will lead to complacency. Another concern is that the funding will continue to decrease. Ms. Long Dixon said that the funding for AIDS care throughout the country is not increasing but the number people getting infecting is increases. So instead of being able to continue the level of services, San Francisco's funding was reallocated.

- Commissioner Chow asked if there is data that compares San Francisco's rates to the national rates. Dr. Schwartz said the trends across the nation in AIDS incidence and AIDS deaths are the same as San Francisco's. The difference is that the epidemic peaked earlier in San Francisco and we began the use of HAART earlier. What is not known is what is happening nationwide with new HIV infections. San Francisco does have these estimates already. Commissioner Chow said there are numerous challenges. It is important that we understand how our primary care clinics operate and how they can be incorporated into the continuum of AIDS services. He would like the Commission to get a progress report both the epidemic and the various initiatives.

- Commissioner Guy said that there are numerous national issues that are impacting San Francisco, including funding. She asked if the AIDS Office is planning to hold another consensus meeting and if there will be information about race. Dr. Schwartz said that in 2003 they will poll their colleagues to find out what studies they are doing and evaluate the possibility of having a consensus meeting. Also, at the last meeting there was harassment of researchers and we have prevent this from happening again. Commissioner Guy said we have to emphasize the connection between HIV and other STDs and asked how Southeast Health Center is involved in all the initiatives. Patricia Perez Arce replied that the Southeast Health Center has an early intervention program funded by the AIDS Office. The Health Center in conjunction with the community undertook a needs assessment to find out what health programs should be emphasized in the community and AIDS services were one emphasis. Commissioner Guy said she read that said the national government is going to frown upon harm reduction and condom use, and asked if this is true. Mr. Loyce said he learned at a recent meeting with the CDC that the abstinence model is going to receive more funding. He is not sure where the CDC will ultimately go with this but will monitor the issue carefully. He added that the Mayor's Office called a regional summit on African American HIV Prevention and Health. They are actively pursuing a regional approach to African American AIDS prevention. Commissioner Guy recommended that the Population Health and Prevention JCC look at the timelines for the various initiatives, incorporate this topic into the discussion about men's health, and report to the Health Commission in six to eight months.

- Commissioner Sanchez said that the degrees of freedom researchers have has peaked, and he believes we will begin to see limitations. The impacts of the budget reductions, both State and Federal, will have a severe impact on prevention and health services. We will need to revisit our priorities both in the research and clinical communities so that we can sustain critical initiatives and stay the course. He congratulated staff for getting grants in this environment.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report

Governor's Health Care Proposal to CMS
Last Wednesday, the Governor announced that his Administration was forwarding to the Centers for Medicare and Medicaid Services (CMS) a package of proposals to strengthen California's health care system, support the State's critical safety net hospitals, and assist Los Angeles County during its health care crisis. The plan has three key components.

The package relies primarily on CMS approval of the pending Selective Provider Contracting Program (SPCP) federal waiver. The SPCP waiver provides funding under the SB 1255 program to disproportionate share hospitals (DSH), such as San Francisco General Hospital, which relies on this program for approximately $19 million in revenue each year. The State reports that if the SPCP waiver is approved as submitted, it will be possible to provide $100 million in additional federal funds to Los Angeles County for each of the three State fiscal years to be covered by the pending SPCP waiver without disadvantaging the rest of the State.

The second component of the State's health care proposal is intended to improve the fiscal stability of safety net providers. This component of the proposal would use county and University of California funds to draw down additional federal funds for Medi-Cal managed care plans at levels more comparable to that of the private sector. This is intended to assist counties with public hospitals and government-operated Medi-Cal managed care programs, but the details have not yet been released.

The third component of the proposal is intended to promote cost-effective outpatient care and reduce costly inpatient care. Under this component, any California public hospital system currently receiving DSH funds and meeting certain conditions to reform their health system would continue to receive DSH funding at their current level, even if they decrease their volume of inpatient care.

State Budget
In late November, Governor Davis announced that he expects that the 2002-03 State budget shortfall will be even more serious than the $21 billion shortfall estimated by the Legislative

Analyst. The Governor has called for a special legislative session to address budget shortfalls projected for both the current and upcoming fiscal years. Beginning next Monday, December 9th, the special session will meet to enact $5 billion in current year budget reductions, as well as other budget changes for the current year and the budget year combined.

Naloxone for Heroin Users

Results are now available from a pilot program funded by the Department to help reduce the number of deaths attributable to heroin overdoses. Between May 2001 and February 2002, participants in the program were trained to identify signs of an overdose and to administer Naloxone, which floods the body with a chemical that blocks the action of opiates on nerve and brain cells and triggers instant heroin withdrawal. More than 20 overdoses were documented during the pilot program period. One participant in the study died, however, the death was a result of a bacterial infection, unrelated to a heroin overdose. Two-thirds of the overdoses were treated with the antidote and the remaining interventions were use of CPR or a telephone call to 911. In addition, a large number of participants went into drug treatment and some documented a significant decrease in the number of injections per day. We will further evaluate the data from the trial program over the course of the next few months.

Syphilis Testing Incentive Program

The STD Program has recently implemented a new incentive program for syphilis testing. Men who go to the STD Program or the Healthy Penis website can get a coupon which can be exchanged for a Castro movie pass or a gift certificate to A Different Light Bookstore after getting a syphilis test at City Clinic. This program is being sponsored by the Internet Sexuality Information Services, one of the community agencies that have been working closely with the STD Program to try to eliminate syphilis in San Francisco.

LHH Publishes Monthly Quality Newsletter

The Laguna Honda Quality Management Department is now publishing a monthly quality assurance newsletter. The newsletter is distributed in hard copy and is posted on the Department's Website under LagunaNet. The purpose of the newsletter is to further advance the importance of quality improvement while educating the staff on trends and innovations in quality improvement, particularly in long term care.

Celebration of National Hospice Month

In conjunction with the Proclamations issued by Mayor Brown and President Bush recognizing November as Hospice Month, the Department of Public Health recognizes Laguna Honda Hospital's Hospice and Palliative Care Service. Since its opening in December 1988, Laguna Honda has successfully combined professional expertise, community volunteerism and administrative leadership to provide outstanding end-of-life care for nearly 1,400 terminally ill San Franciscans and their loved ones. The 25 bed Hospice and Palliative Care Service has upheld the Department's customer service philosophy and has become a model for patient/family-centered care giving.

CHIPPS Program Recognized

The Department's Community and Home Injury Prevention Program for Seniors (CHIPPS) was highlighted and recognized as a model program in a recent article on "Preventing Elder Falls". The article, which appears in the November/December 2002 issue of *Every Second Counts*, the national emergency response magazine, describes growing interest and concern at the Federal and State levels in elder fall prevention.

December at SFGH

As in past years, Dr. Katz is attending on the medical service at SFGH for the month of December. Dr. Katz takes great pride to practice medicine in a hospital that provides high quality care in a compassionate manner to persons regardless of their income or social situation. Dr. Katz couldn't help but note when he picked up his new service on Sunday, that of the 11 medicine patients, 7 were homeless, 2 were living in supportive housing funded by the Department of Public Health and one was in jail. All but one of the patients were in the hospital because of the direct or indirect consequence of substance use. DPH must continue to develop both preventive and daily treatment options to prevent the devastating consequences of substance use.

Commissioners' Comments

- Commissioner Parker said he has had the opportunity to visit the hospice ward at Laguna Honda Hospital on many occasions and has always been impressed. He congratulated Laguna Honda for its many years of great service.

6) PRESENTATION OF A PROPOSAL FOR A REVISED FY 2002-03 BUDGET, AND CONSIDERATION OF A RESOLUTION SUPPORTING THE PROPOSED REVISIONS

Gregg Sass, DPH Chief Finance Officer, presented the General Fund reduction plan for FY 02-03.

In November the Mayor's Office projected a $170 million shortfall in the City's budget for the next eighteen months. As part of the FY 03-04 budget instructions, Departments have been asked to submit a plan to reduce general fund by three percent in the current year as one of three steps to balance the FY 02-03 and FY 03-04 budgets. The three steps are:

I. Current Year: Reduce General Fund by 3% in 2002-2003
II. Budget Year: Absorb cost increases for 2003-2004 within the reduced 3% General Fund
III. Contingency plan: Prioritized 5% General Fund contingency plan for 2003-2004

DPH has developed a plan to reduce general fund by three percent in the current year for a total reduction of $8,662,460. The plan is achieved through increases to revenues as well as reductions to expenditures. No service reductions will be made with these decreased to the General Funds.

Details of the reduction plan are listed in Attachment B.

Commissioners' Comments

- Commissioner Penn said that at a prior Health Commission meeting Dr. Katz said there was a pool of money that could be drawn from to meet the current year budget reduction and asked if these are reflected in the reduction plan. Dr. Katz said that the plan includes a number of one-time dollars, primarily because it would have been difficult for the Commission to decide on on-going cuts without the context of the entire budget. So the really painful decisions will be before the Commission in February.

- Commissioner Guy acknowledged that the budget deliberations are going to be very tough. The Commission and Department need to be honest so that the people of San Francisco understand the consequences of these budget reductions. The addbacks will present a new challenge.

- Commissioner Chow said that the addbacks should be considered part of the base budget and deliberated during the budget process in the same context as the rest of the base budget.

Public Comment

Bryan Uyeno spoke in opposition to contracting out the laundry at Laguna Honda Hospital. Having laundry on site provides an important service. If it is contracted out it will cost the city more than it currently costs.

Dominic Chan, SEIU, spoke in opposition to contracting out the laundry at Laguna Honda Hospital. The laundry workers are the working poor. Contracting out means we are having the work done by people who make seven or eight dollars an hour. At Laguna Honda people earn a living wage. The union is happy to work to find other solutions rather than eliminating 70 jobs. The union also believes that this contracting out violates the contract.

Action Taken: The Commission approved Resolution #14-02, "Approving a 3% General Fund Reduction to the Department of Public Health's Budget for FY 2002-03", (Attachment C).

7) PUBLIC COMMENT

Elizabeth Frantes spoke in support of medical marijuana. The criminal suppliers control medical marijuana. There is artificial scarcity. The Department of Public Health should be in control of the supply. We have to grow as much as we can.

8) ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

Michele M. Olson

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-02

APPROVING THE TRANSFER OF THE INSTITUTIONAL POLICE TO THE SAN FRANCISCO SHERIFF'S DEPARTMENT AND AUTHORIZING THE DIRECTOR OF HEALTH TO ENTER INTO A LETTER OF MANAGEMENT AGREEMENT REGARDING THIS TRANSFER

WHEREAS, the Department of Public Health operates an Institutional Police Department that provides security services at all Department of Public Health sites; and,

WHEREAS, the Institutional Police Department has not formally been associated with another law enforcement agency in the City; and,

WHEREAS, the Department of Public Health desires to transfer the Institutional Police Department to a law enforcement agency for the purpose of obtaining law enforcement management services, incorporating the Institutional Police Department into a formal law enforcement chain of command, obtaining more comprehensive law enforcement training for Institutional Police Department employees, and providing more appropriate civil service classifications for the Institutional Police Department employees; and,

WHEREAS, the San Francisco Sheriff's Department desires to see improved coordination of law enforcement services and standards, and is able and willing to accept the transfer of the Institutional Police Department; and,

WHEREAS, the Institutional Police Department and Sheriff's Department have successfully completed an interim management period during which the Sheriff's Department provided management oversight and supervision to the Institutional Police Department; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco hereby approves the transfer of the Institutional Police Department to the Sheriff's Department January 6, 2003; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors and the Mayor to approve the transfer of the Institutional Police Department to the Sheriff's Department; and, be it

FURTHER RESOLVED, that the Health Commission authorizes the Director of Health to enter into a management agreement with the Sheriff's Department regarding the transfer of the Institutional Police Department to the San Francisco Sheriff's Department.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of December 3, 2002.

Michele Olson
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

Summary of the Department of Public Health General Fund Reduction Plan for FY 2002-03

No.	Division	Description	Revenue	Expense	Comment
1.	Laguna Honda	Outsource Laundry		$1,060,000	Outsource laundry services at LHH.
2.	Behavioral Health	Underutilization of Units of Service		352,460	Reduction to Behavioral Health Services due to underutilization of Units of Service.
3.	Behavioral Health	Private Providers and Fee for Service		300,000	Reduction to Private Provider Network budget and Fee for Service Hospital budget due to a higher than projected M/Cal eligible patient mix and under-utilization of the Private FFS hospital.
4.	Laguna Honda	SNF Rate Increases	$1,600,000		Increase of $5/day for LHH Skilled Nursing Facility per diem rate.
5.	SFGH	M/Cal OP Settlement	2,300,000		Resolution of a 10 year lawsuit for reimbursement for MediCal out-patient services.
6.	SFGH	Additional M/Cal Capitation	1,800,000		Additional projected member lives per month for managed care programs.
7.	Behavioral Health	SB 90 One Time Revenue	$1,250,000	________	One time recognition of deferred revenue by the Controller's Office less audit adjustments.
			$6,950,000	$1,712,460	$8,662,460

Attachment B

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-02

APPROVING A 3% GENERAL FUND REDUCTION TO THE DEPARTMENT OF PUBLIC HEALTH'S BUDGET FOR FISCAL YEAR 2002-03

WHEREAS, the City and County of San Francisco is projecting a $170 million dollar shortfall for the next 18 months; and,

WHEREAS, the Mayor 's Budget Office has instructed Departments to submit plans to reduce General Fund support by 3% for fiscal year 2002-03; and,

WHEREAS, a 3% General Fund reduction for the Department is $8.7 million, as delineated in the attachment titled Exhibit A; and,

WHEREAS, the Department's revised budget maintains all existing services; now, therefore, be it

RESOLVED, that the Health Commission approves the Department of Public Health's revised budget for fiscal year 2002-03, and, be it

FURTHER RESOLVED, that the Health Commission authorizes the Department to submit the revised fiscal year 2002-03 budget to the Mayor for inclusion in the Citywide General Fund Reduction Plan for review and approval by the Board of Supervisors.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of December 3, 2002.

Michele Olson
Executive Secretary to
the Health Commission

Attachment: Exhibit A

Summary of the Department of Public Health General Fund Reduction Plan for FY 2002-03

No.	Division	Description	Revenue	Expense	Comment
1.	Laguna Honda	Outsource Laundry		$1,060,000	Outsource laundry services at LHH.
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6.	SFGH	Additional M/Cal Capitation	1,800,000		Additional projected member lives per month for managed care programs.
7.	Behavioral Health	SB 90 One Time Revenue	$1,250,000	________	One time recognition of deferred revenue by the Controller's Office less audit adjustments.
			$6,950,000	$1,712,460	$8,662,460

Exhibit A

Attachment C
Page 2 of 2

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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/17/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 17, 2002
at
3:00 p.m.
Carr Auditorium*
22nd Street at Potrero Avenue
San Francisco, CA 94110

DOCUMENTS DEPT.
DEC 12 2002
SAN FRANCISCO
PUBLIC LIBRARY

***PLEASE NOTE CHANGE IN LOCATION FOR THE 3:00 O'CLOCK MEETING**

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 1:00 P.M. THE BUDGET COMMITTEE WILL MEET AT 101 GROVE STREET, ROOM #300.

THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF DECEMBER 3, 2002**
**Minutes of December 3, 2002*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN-SFGH** – Request for approval of a Board of Supervisors resolution for a Proposition J contract for the provision of laundry processing services at San Francisco General Hospital, for the period of July 1, 2002 through June 30, 2004.
** Calendaring request memo, Board Resolution*

(3.2) **CHN-SFGH & LHH Facilities** - Request for approval of fourteen (14) contract modifications with the following firms to increase the combined contract amount by $900,000, from $7,987,796 to $8,887,796, to provide intermittent, as-needed facility maintenance services above baseline civil services staffing, and extend the current period, July 1, 2000 through December 31, 2002, by six months through June 30, 2003.

Acker & Guerrero Roof Co., Inc.,
Adolph Schmidt General Contractors,
Agbayani Construction, Inc.,
Anderson Carpet & Linoleum Sale Co., Inc.,
Angotti & Reilly, Inc.,
Ayoob & Peery Plumbing,
Baca & Sons Painting,
Floortrends Inc.,
McClure Electric, Inc.,
Monticelli Painting & Decorating, Inc.,
Robert Poyas, Inc.,
Sabel Painting Co.,
Sierra Electric Co. and
The Shooter Co.

** Calendaring request memo, Rate and Ownership pages*

(3.3) **CHN-Primary Care** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $191,615, to provide Primary Care Services for medically indigent adults residing in the Mission District, for the period of July 1, 2002 through June 30, 2003. The contract is retroactive due to administrative delays present at the provider. There was no interim agreement or payment for services provided during this time.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **AIDS Office** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $440,000 per year for two years, for a total contract value of $880,000, to provide early intervention medical care, case management and health education services targeting uninsured HIV-positive Latino immigrants at or below the poverty level, with a special focus on monolingual Spanish speakers, for the period of July 1, 2002 through June 30, 2004. This contract is retroactive due to the late passage of this year's State budget. An interim agreement from July through October was provided to allow payment to the contractor until the renewal contract was completed.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.5) **AIDS Office** – Request for approval of a sole source contract renewal with Mission Neighborhood Health Center, in the amount of $70,440, to provide HIV treatment outreach, counseling, testing and referral services targeting HIV positive Latino/as living in and around the Mission District, for the period of January 1, 2003 through September 29, 2003.
** Calendaring request memo, Client demographic information form*

(3.6) **AIDS Office** – Request for approval of a sole source contract renewal with Dolores Street Community Center, in the amount of $65,850, to provide HIV peer advocacy and group intervention services targeting Latino residents of San Francisco's housing programs and emergency shelters who are living with or at risk for HIV/AIDS, for the period of January 1, 2003 through September 29, 2003.
** Calendaring request memo, Monitoring report summary, Response letter, Client demographic information form*

(3.7) **AIDS Office** – Request for approval of a retroactive sole source contract renewal with Institute for Community Health Outreach, in the amount of $150,000, to provide case management and peer advocacy services to HIV positive Native Americans and Alaska Natives, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the late award of General Funds from the Board of Supervisors following the budget process. There was no interim agreement or payment for services provided during this time.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.8) **AIDS Office** – Request for approval of a sole source contract renewal with the Regents of the University of California San Francisco-Positive Health Practice, in the amount of $158,556, to provide outreach, case management, nutritional and peer advocacy services for the Men of Color Program, for the period of January 1, 2003 through September 29, 2003.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.9) **AIDS Office** – Request for approval of a retroactive contract renewal with CompassPoint Nonprofit Services, in the amount of $94,350, to provide organizational development and technical assistance services for prevention providers and the AIDS Office HIV Prevention Section, for the period of July 1, 2002 through December 31, 2002. The contract is retroactive due to funding negotiations with the grantor. There was no interim agreement or payment for services provided during this time.
** Calendaring request memo, Monitoring report summary*

(3.10) **AIDS Office** – Request for approval of a new contract with Harder + Company Community Research, in the amount of $90,000, to provide a systems capacity assessment in the Tenderloin and Bayview Hunters Point areas of San Francisco, for the period of December 1, 2002 through June 30, 2003.
** Calendaring request memo*

(3.11) **AIDS Office** – Request for approval of a new contract with the Regents of the University of California San Francisco–Stonewall Project, in the amount of $70,000, to provide HIV prevention services to methamphetamine-using gay men throughout San Francisco, for the period of December 1, 2002 through June 30, 2003.
** Calendaring request memo*

(3.12) **AIDS Office** – Request for approval of a resolution approving an extension of the terms of the calendar year 2002 Federal Centers for Disease Control and Prevention funded contracts on a month-to-month basis through March 31, 2003 or when the 2003 renewal contract is certified, for the following twenty organizations:

Ark of Refuge, Inc.
Asian Pacific Islander Wellness Center
Bay Area Young Positives
Better World Advertising
CAL-PEP
CompassPoint Nonprofit Services
Glide Foundation
Harder + Company Community Research
Health Initiatives for Youth
Institute for Community Health Outreach
Instituto Familiar de la Raza
Mission Neighborhood Health Center
Mobilization Against AIDS International
New Directions 21st Century
Regents of the University of California
Shanti Project
South of Market Health Center
St. James Infirmary
Stop AIDS Project
Walden House

** Calendaring request memo, Resolution*

(3.13) **PHP-Community Health Epidemiology** – Request for approval of a retroactive multi-year sole source contract modification with the Regents of the University of California Berkeley, in the amount of $158,664, effective September 1, 2002, to provide mathematical analysis for the Community Health Epidemiology Section, for a total contract amount of $465,163, for the period of May 1, 2000 through February 28, 2005.
** Calendaring request memo*

(3.14) **PHP-Community Health Promotion** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California (UCSF), in the amount of $180,000, to provide evaluation services to the SevenPrinciples Project, for the period of September 30, 2002 through September 29, 2003. This contract is retroactive due to an extended period of negotiation and document revisions for contract development. UCSF routinely declines the option of an Interim Agreement and is, therefore, currently not receiving payment for these services.
** Calendaring request memo, Monitoring report summary*

(3.15) **PHP-Housing and Urban Health** – Request for approval of a sole source contract modification with Lutheran Social Services, in the amount of $114,165, to provide additional transitional housing and supportive services at De Paul House and MIA House targeting women and their children who are in substance abuse recovery and are survivors of domestic violence, for the period of July 1, 2002 through June 30, 2003, for a total contract amount of $247,131.
** Calendaring request memo*

(3.16) **PHP-Maternal Child Health** – Request for approval of a sole source renewal contract with Support for Families of Children with Disabilities, in the amount of $101,087, to develop program materials and to provide a designated Family Liaison to assist in the development of services for California Children's Services, for the term of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and will receive payment upon Health Commission approval of this contract and certification by the Controller.
** Calendaring request memo, Monitoring report letter, Cultural Competence forms*

(3.17) **PHP-Mental Health** – Request for approval of six new retroactive contracts for the period of December 1, 2002 through June 30, 2004, with six contractors (listed below) awarded pursuant to Request for Proposal (RFP) #16-2002, for shelters to provide preventive, early intervention and other mental health services to homeless young children (birth to five years old) and their families, who are residing in shelter programs in San Francisco. The total amount of the contracts for FY 2002-03, from December 1, 2002 through June 30, 2003 is $210,000, and the total amount of the contracts for FY 2003-04 is $360,000, for a total amount of $570,000. The contracts are retroactive to December 1, 2002 due to delays in negotiating rates for units of service and the need for contractors to revise budget documents.

Contractor	Service	Total Award
Asian Women's Shelter	Mental Health Services in Shelters	$95,000
La Casa de las Madres	Mental Health Services in Shelters	$63,333
Catholic Charities	Mental Health Services in Shelters	$134,583
St. Vincent De Paul Society / The Riley Center	Mental Health Services in Shelters	$79,168
Compass Community Services	Mental Health Services in Shelters	$63,333
Hamilton Family Center	Mental Health Services in Shelters	$134,583

** Calendaring request memo*

(3.18) **PHP-Mental Health** - Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of $1,496,704 per year, to provide mental health services targeting children and youth, for the period of July 1, 2002 through June 30, 2004, for a total contract value of $2,993,408. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 02-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.19) **PHP-Mental Health** - Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of $2,487,741 per year, to provide mental health services targeting adults, for the period of July 1, 2002 through June 30, 2004, for a total contract value of $4,975,482. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 02-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.20) **PHP-Mental Health** - Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., to provide mental health services to children, youth, families and adults residing in San Francisco, in the amount of $4,541,337, for the term July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a COLA after finalization of the Department's FY 02-03 budget. The contractor has continued to provide services and receives payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.21) **PHP-Mental Health** - Request for approval of a retroactive sole source contract renewal with San Francisco League of Urban Gardeners (SLUG), acting as fiscal agent for Southeast Neighborhood Jobs Initiative Roundtable (SNJIR), in the amount of $50,500, to provide outreach services targeting African-American residents of the Bayview Hunters Point, Potrero Hill and Visitacion Valley neighborhoods, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a Cost of Living Adjustment (COLA) after finalization of the Department's FY 02-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.
** Calendaring request memo, Monitoring report letter, Client demographic information form*

(3.22) **PHP-Mental Health** - Request for approval of a retroactive contract renewal with the San Francisco Study Center, in the amount of $1,187,774 per year, to provide mental health and fiscal intermediary services, for a total contract value of $2,375,548, for the period of July 1, 2002 through June 30, 2004. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate allocation changes after finalization of the Department's FY 02-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.23) **PHP-Mental Health** - Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $5,480,582, to provide mental health

crisis, outpatient, residential care facilities coordination, school-based day treatment, special education partnership and fiscal intermediary services targeting adults and youth/adolescents, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate allocation changes after finalization of the Department's FY 02-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.24) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $6,520,807, to provide substance abuse services targeting men and women of predominantly Asian/Pacific Islander descent, as well as fiscal intermediary services, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate the COLA after finalization of the Department's FY 02-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.

** Calendaring request memo, Monitoring report letters, Monitoring report summaries, Client demographic information forms*

(3.25) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc., in the amount of $7,948,186, to provide substance abuse and mental health services targeting adults and children, for the period of July 1, 2002 through June 30, 2003. This contract renewal is retroactive due to delayed completion of contract negotiations and the contractor's subsequent revision of the applicable program budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.

** Calendaring request memo, Monitoring report letter, Monitoring report summaries, Client demographic information forms*

(3.26) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Chemical Awareness and Treatment Services, Inc. (dba Community Awareness and Treatment Services, Inc.), in the amount of $3,268,384, to provide residential, transportation, drop-in and overnight intervention substance abuse services, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate the COLA after finalization of the Department's FY 02-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.

** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.27) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Friendship House Association of American Indians, Inc. of San Francisco, in the amount of $272,472 per year for four years for a total contract value of $1,089,888, to provide residential substance abuse treatment and fiscal agent services targeting homeless American Indian adults in San Francisco, for the period of July 1, 2002 through June 30, 2005. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments (COLAs) and other allocation changes after finalization of the Departments FY 02-03 budget. The contractor has continued to provide services and to receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

** Calendaring request memo, Monitoring report letters, Monitoring report summary, Client demographic information form*

(3.28) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $5,358,980, to provide substance abuse services for residential, outpatient, day treatment, prevention and outreach programs, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 02-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

** Calendaring request memo, Monitoring report/Corrective Action Plan letters, Monitoring report letters, Client demographic information forms*

(3.29) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Horizons Unlimited of San Francisco, Inc., in the amount of $1,229,158, to provide day treatment, outpatient and prevention services targeting Latino youth, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments and other allocation changes after finalization of the Department's FY 02-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

** Calendaring request memo, Monitoring report letters, Monitoring report summaries, Client demographic information forms*

(3.30) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Positive Direction Equals Change, in the amount of $290,912, to provide outpatient, outreach and case management substance abuse treatment services with a family focus to African-Americans in the Bayview/Hunters Point neighborhood, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments (COLAs) and other allocation changes after finalization of the Department's FY 02-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

** Calendaring request memo, Client demographic information form*

(3.31) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with YMCA Urban Services, in the amount of $1,406,568, to provide outpatient and prevention substance abuse services for youth, for a four-year period from July 1, 2002 through June 30, 2006. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate the COLA after finalization of the Department's FY 02-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.

** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.32) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Youth Leadership Institute, in the amount of $242,667, to provide substance abuse services targeting teenagers and young adults, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments (COLAs) and other allocation changes after finalization of the Department's FY

02-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.
** Calendaring request memo, Monitoring report summary, Corrective Action Plan, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER ANNUAL REPORT**
(Gene Marie O'Connell, Executive Administrator, SFGHMC)
**Report*

7) **FOR ACTION:** **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER POLICIES AND PRODEDURES: INPATIENT UTILIZATION REVIEW PROGRAM; HOSPITAL PLAN FOR PROVISION OF PATIENT CARE; PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PROGRAM (PIPS); ENVIRONMENT OF CARE SAFETY COMMITTEE; AND EMPLOYEE PERFORMANCE AND COMPETENCY REPORT**
(Gene Marie O'Connell, Executive Administrator, SFGHMC)
**Report*

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Information Policy

San Francisco General Hospital, Carr Auditorium is wheelchair accessible through the elevator at the main entrance on 22nd Street. There is a direct link phone located at the elevator for those who require assistance.

American sign language interpreters and readers are available during the meeting upon request by calling 206-5133 in advance of the meeting. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away***), #33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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12/17/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor
Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 17, 2002
at
3:00 p.m.
Carr Auditorium
22nd Street at Potrero Avenue
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by President Chow at 3:25 p.m.

Present:
- Commissioner Edward A. Chow, M.D., President
- Commissioner Roma P. Guy, M.S.W., Vice President
- Commissioner Lee Ann Monfredini
- Commissioner Harrison Parker, Sr., D.D.S. (arrived at 3:30 p.m.)
- Commissioner Michael Penn, Ph.D.
- Commissioner David J. Sanchez, Ph.D.
- Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF DECEMBER 3, 2002

Action Taken: The Commission approved the minutes of the December 3, 2002 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Umekubo and Commissioner Penn attended, the Budget Committee meeting.

101 Grove Street **San Francisco, CA 94102-4505**

(3.1) **CHN-SFGH** – Request for approval of a Board of Supervisors resolution for a Proposition J contract for the provision of laundry processing services at San Francisco General Hospital, for the period of July 1, 2002 through June 30, 2004.

Public Comment

Ben Rubilcalva – He is opposed to contracting out the laundry at Laguna Honda Hospital and San Francisco General Hospital. The contracting firms do not pay a living wage.

John Kazinski, Local 250 - He is opposed to contracting out the laundry at both Laguna Honda Hospital and San Francisco General Hospital. The union wants the San Francisco General laundry jobs back, and they will take this battle further.

(3.2) **CHN-SFGH & LHH Facilities** - Request for approval of fourteen (14) contract modifications with the following firms to increase the combined contract amount by $900,000, from $7,987,796 to $8,887,796, to provide intermittent, as-needed facility maintenance services above baseline civil services staffing, and extend the current period, July 1, 2000 through December 31, 2002, by six months through June 30, 2003.

Acker & Guerrero Roof Co., Inc.
Adolph Schmidt General Contractors
Agbayani Construction, Inc.
Anderson Carpet & Linoleum Sale Co., Inc.
Angotti & Reilly, Inc.
Ayoob & Peery Plumbing
Baca & Sons Painting
Floortrends Inc.
McClure Electric, Inc.
Monticelli Painting & Decorating, Inc.
Robert Poyas, Inc.
Sabel Painting Co.
Sierra Electric Co. and
The Shooter Co.

Commissioners' Comments

- Commissioner Penn asked that, when the new contracts are brought before the Health Commission in six months, staff include information about what firms are minority-owned.

(3.3) **CHN-Primary Care** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $191,615, to provide Primary Care Services for medically indigent adults residing in the Mission District, for the period of July 1, 2002 through June 30, 2003. The contract is retroactive due to administrative delays present at the provider. There was no interim agreement or payment for services provided during this time.

(3.4) **AIDS Office** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $440,000 per year for two years, for a total contract value of $880,000, to provide early intervention medical care, case management and health education services targeting uninsured HIV-positive Latino immigrants at or below the poverty level, with a special focus on monolingual Spanish speakers, for the period of July 1, 2002 through June 30, 2004. This contract is retroactive due to the late passage of this year's State budget. An interim agreement from July through October was provided to allow payment to the contractor until the renewal contract was completed.

(3.5) **AIDS Office** – Request for approval of a sole source contract renewal with Mission Neighborhood Health Center, in the amount of $70,440, to provide HIV treatment outreach,

counseling, testing and referral services targeting HIV positive Latino/as living in and around the Mission District, for the period of January 1, 2003 through September 29, 2003.

Items 3.5, 3.6 and 3.8 were discussed together.

(3.6) **AIDS Office** – Request for approval of a sole source contract renewal with Dolores Street Community Center, in the amount of $65,850, to provide HIV peer advocacy and group intervention services targeting Latino residents of San Francisco's housing programs and emergency shelters who are living with or at risk for HIV/AIDS, for the period of January 1, 2003 through September 29, 2003.

(3.7) **AIDS Office** – Request for approval of a retroactive sole source contract renewal with Institute for Community Health Outreach, in the amount of $150,000, to provide case management and peer advocacy services to HIV positive Native Americans and Alaska Natives, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the late award of General Funds from the Board of Supervisors following the budget process. There was no interim agreement or payment for services provided during this time.

(3.8) **AIDS Office** – Request for approval of a sole source contract renewal with the Regents of the University of California San Francisco-Positive Health Practice, in the amount of $158,556, to provide outreach, case management, nutritional and peer advocacy services for the Men of Color Program, for the period of January 1, 2003 through September 29, 2003.

Commissioners' Comments

- Commissioner Penn said that this program does very important work with African American men, and asked Dr. Malcolm John from UCSF-Positive Health Practice if he would report back to the Budget Committee the lessons they have learned in developing culturally specific models of care for HIV so that DPH can stay on top of this problem in the African American community.

Commissioner Sanchez abstained from voting on this item.

(3.9) **AIDS Office** – Request for approval of a retroactive contract renewal with CompassPoint Nonprofit Services, in the amount of $94,350, to provide organizational development and technical assistance services for prevention providers and the AIDS Office HIV Prevention Section, for the period of July 1, 2002 through December 31, 2002. The contract is retroactive due to funding negotiations with the grantor. There was no interim agreement or payment for services provided during this time.

(3.10) **AIDS Office** – Request for approval of a new contract with Harder + Company Community Research in the amount of $90,000, to provide a systems capacity assessment in the Tenderloin and Bayview Hunters Point areas of San Francisco, for the period of December 1, 2002 through June 30, 2003.

Commissioners' Comments

- Commissioner Penn asked if Harder & Company has done previous work in Bayview Hunters Point. Steven Tierney said yes and added that when Harder & Company begins the assessment process it will meet with and hire people from the community to formulate the survey questions.

(3.11) **AIDS Office** – Request for approval of a new contract with the Regents of the University of California San Francisco–Stonewall Project, in the amount of $70,000, to provide HIV prevention services to methamphetamine-using gay men throughout San Francisco, for the period of December 1, 2002 through June 30, 2003.

Commissioner Sanchez abstained from voting on this item.

(3.12) **AIDS Office** – Request for approval of a resolution approving an extension of the terms of the calendar year 2002 Federal Centers for Disease Control and Prevention funded contracts on a month-to-month basis through March 31, 2003 or when the 2003 renewal contract is certified, for the following twenty organizations:

Ark of Refuge, Inc.
Asian Pacific Islander Wellness Center
Bay Area Young Positives
Better World Advertising
CAL-PEP
CompassPoint Nonprofit Services
Glide Foundation
Harder + Company Community Research
Health Initiatives for Youth
Institute for Community Health Outreach
Instituto Familiar de la Raza
Mission Neighborhood Health Center
Mobilization Against AIDS International
New Directions 21st Century
Regents of the University of California
Shanti Project
South of Market Health Center
St. James Infirmary
Stop AIDS Project
Walden House

(3.13) **PHP-Community Health Epidemiology** – Request for approval of a retroactive multi-year sole source contract modification with the Regents of the University of California Berkeley, in the amount of $158,664, effective September 1, 2002, to provide mathematical analysis for the Community Health Epidemiology Section, for a total contract amount of $465,163, for the period of May 1, 2000 through February 28, 2005.

Commissioner Sanchez abstained from voting on this item.

(3.14) **PHP-Community Health Promotion** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California (UCSF), in the amount of $180,000, to provide evaluation services to the SevenPrinciples Project, for the period of September 30, 2002 through September 29, 2003. This contract is retroactive due to an extended period of negotiation and document revisions for contract development. UCSF routinely declines the option of an Interim Agreement and is, therefore, currently not receiving payment for these services.

Commissioner Sanchez abstained from voting on this item.

(3.15) **PHP-Housing and Urban Health** – Request for approval of a sole source contract modification with Lutheran Social Services, in the amount of $114,165, to provide additional transitional housing and supportive services at De Paul House and MIA House targeting women and their children who are in substance abuse recovery and are survivors of domestic violence, for the period of July 1, 2002 through June 30, 2003, for a total contract amount of $247,131.

(3.16) **PHP-Maternal Child Health** – Request for approval of a sole source renewal contract with Support for Families of Children with Disabilities, in the amount of $101,087, to develop program materials and to provide a designated Family Liaison to assist in the development of services for California Children's Services, for the term of July 1, 2002 through June 30, 2003. This contract is

retroactive due to the need for the contractor to revise contract documents after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and will receive payment upon Health Commission approval of this contract and certification by the Controller.

(3.17) **PHP-Mental Health** – Request for approval of six new retroactive contracts for the period of December 1, 2002 through June 30, 2004, with six contractors (listed below) awarded pursuant to Request for Proposal (RFP) #16-2002, for shelters to provide preventive, early intervention and other mental health services to homeless young children (birth to five years old) and their families, who are residing in shelter programs in San Francisco. The total amount of the contracts for FY 2002-03, from December 1, 2002 through June 30, 2003 is $210,000, and the total amount of the contracts for FY 2003-04 is $360,000, for a total amount of $570,000. The contracts are retroactive to December 1, 2002 due to delays in negotiating rates for units of service and the need for contractors to revise budget documents.

Contractor	Service	Total Award
Asian Women's Shelter	Mental Health Services in Shelters	$95,000
La Casa de las Madres	Mental Health Services in Shelters	$63,333
Catholic Charities	Mental Health Services in Shelters	$134,583
St. Vincent De Paul Society / The Riley Center	Mental Health Services in Shelters	$79,168
Compass Community Services	Mental Health Services in Shelters	$63,333
Hamilton Family Center	Mental Health Services in Shelters	$134,583

(3.18) **PHP-Mental Health** - Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of $1,496,704 per year, to provide mental health services targeting children and youth, for the period of July 1, 2002 through June 30, 2004, for a total contract value of $2,993,408. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

(3.19) **PHP-Mental Health** - Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of $2,487,741 per year, to provide mental health services targeting adults, for the period of July 1, 2002 through June 30, 2004, for a total contract value of $4,975,482. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

(3.20) **PHP-Mental Health** - Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., to provide mental health services to children, youth, families and adults residing in San Francisco, in the amount of $4,541,337, for the term July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a COLA after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receives payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Monfredini asked about the small number of board members. Estella Garcia, IFR Program Director, said that the agency is in the second year of a Compass Point assisted planning process, part of which is Board expansion.

(3.21) **PHP-Mental Health -** Request for approval of a retroactive sole source contract renewal with San Francisco League of Urban Gardeners (SLUG), acting as fiscal agent for Southeast Neighborhood Jobs Initiative Roundtable (SNJIR), in the amount of $50,500, to provide outreach services targeting African-American residents of the Bayview Hunters Point, Potrero Hill and Visitacion Valley neighborhoods, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate a Cost of Living Adjustment (COLA) after finalization of the Department's FY 2002-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.

(3.22) **PHP-Mental Health -** Request for approval of a retroactive contract renewal with the San Francisco Study Center, in the amount of $1,187,774 per year, to provide mental health and fiscal intermediary services, for a total contract value of $2,375,548, for the period of July 1, 2002 through June 30, 2004. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

(3.23) **PHP-Mental Health -** Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $5,480,582, to provide mental health crisis, outpatient, residential care facilities coordination, school-based day treatment, special education partnership and fiscal intermediary services targeting adults and youth/adolescents, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- The Commissioners requested a report to the Community Health Network Joint Conference Committee at the end of the fiscal year to see if the agency is meeting its units of service.

(3.24) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $6,520,807, to provide substance abuse services targeting men and women of predominantly Asian/Pacific Islander descent, as well as fiscal intermediary services, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate the COLA after finalization of the Department's FY 02-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.

(3.25) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc., in the amount of $7,948,186, to provide substance abuse and mental health services targeting adults and children, for the period of

July 1, 2002 through June 30, 2003. This contract renewal is retroactive due to delayed completion of contract negotiations and the contractor's subsequent revision of the applicable program budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.

Commissioners' Comments

- Commissioner Monfredini recommended approval of the contract through June 2003. However, she has many concerns about the contract performance. The monitoring report in the Commission's packet indicated a number of areas of concerns. Although the monitoring report was for 2000-2001, and many steps have been taken to address the areas that needed improvement, the Commission does not have the most up to date information on the agency's performance. Therefore Commissioner Monfredini requested a meeting with Barbara Garcia, Director of Community Programs, Karen Patterson Matthew, Executive Director of Bayview Hunters Point Foundation, the Foundation's Board President and the other Budget Committee members to discuss the present performance report and any remaining areas of concerns. This meeting is to take place before January 31, 2003.

(3.26) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Chemical Awareness and Treatment Services, Inc. (dba Community Awareness and Treatment Services, Inc.), in the amount of $3,268,384, to provide residential, transportation, drop-in and overnight intervention substance abuse services, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate the COLA after finalization of the Department's FY 2002-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.

(3.27) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Friendship House Association of American Indians, Inc. of San Francisco, in the amount of $272,472 per year for four years for a total contract value of $1,089,888, to provide residential substance abuse treatment and fiscal agent services targeting homeless American Indian adults in San Francisco, for the period of July 1, 2002 through June 30, 2005. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments (COLAs) and other allocation changes after finalization of the Departments FY 2002-03 budget. The contractor has continued to provide services and to receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

(3.28) **PHP-Substance Abuse -** Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $5,358,980, to provide substance abuse services for residential, outpatient, day treatment, prevention and outreach programs, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate COLAs and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

Commissioners' Comments

- Commissioner Umekubo requested an update to the Community Health Network Joint Conference Committee in February on those programs that required a Plan of Correction.

(3.29) **PHP-Substance Abuse** - Request for approval of a retroactive contract renewal with Horizons Unlimited of San Francisco, Inc., in the amount of $1,229,158, to provide day treatment, outpatient and prevention services targeting Latino youth, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments and other allocation changes after finalization of the Department's FY 02-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

(3.30) **PHP-Substance Abuse** - Request for approval of a retroactive contract renewal with Positive Direction Equals Change, in the amount of $290,912, to provide outpatient, outreach and case management substance abuse treatment services with a family focus to African-Americans in the Bayview/Hunters Point neighborhood, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments (COLAs) and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

(3.31) **PHP-Substance Abuse** - Request for approval of a retroactive contract renewal with YMCA Urban Services, in the amount of $1,406,568, to provide outpatient and prevention substance abuse services for youth, for a four-year period from July 1, 2002 through June 30, 2006. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate the COLA after finalization of the Department's FY 2002-03 budgets. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission April 16, 2002.

(3.32) **PHP-Substance Abuse** - Request for approval of a retroactive contract renewal with Youth Leadership Institute, in the amount of $242,667, to provide substance abuse services targeting teenagers and young adults, for the period of July 1, 2002 through June 30, 2003. This contract is retroactive due to the need for the contractor to revise contract documents to incorporate Cost of Living Adjustments (COLAs) and other allocation changes after finalization of the Department's FY 2002-03 budget. The contractor has continued to provide services and receive payment under a six-month interim agreement approved by the Health Commission on April 16, 2002.

Action Taken: The Commission approved the Consent Calendar or the Budget Committee. The following items were referred to joint conference committees for further discussion and follow-up reports: 3.11 to the Population Health and Prevention Joint Conference Committee (PHP JCC) in 90 days; 3.23 to the Community Health Network Joint Conference Committee (CHN JCC) at the end of the fiscal year; and 3.28 to the CHN JCC in February 2003. In addition, for Item 3.25 there will be a meeting prior to January 31, 2003 with Barbara Garcia, Director of Community Programs, Karen Patterson Matthew, Executive Director of Bayview Hunters Point Foundation, the Foundation's Board President and the other Budget Committee members to discuss the most current performance report and any remaining areas of concerns.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Smallpox Vaccination

In order to educate Department staff on issues related to smallpox vaccination, the Community Health and Epidemiology Section held six brown bag sessions at different sites within the Department. The Department will be offering approximately 1,200 doses of smallpox vaccine in January 2003. The Community Health and Epidemiology Section is in the process of surveying 5,000 DPH health care workers to determine eligibility and willingness to be vaccinated. Because the vaccine contains a live virus that poses a risk to the individual being vaccinated, a rigorous informed consent process is being developed.

Mental Health Advanced Access

Community Mental Health Services is implementing the Advanced Access model for managing demand for services with the goal to improve timely access to assessment and treatment services. Trainings of outpatient mental health clinic leadership on advanced access are underway. Outpatient mental health clinics have submitted plans for testing a variety of strategies to improve access and the target date for full implementation is February 1, 2003.

Prevention Framework

The Community Programs Prevention Workgroup held its first meeting to establish a five-year Department-wide Prevention Plan. This group, along with the help from Prevention and Community Epidemiology Sections staff, will do the preliminary work including research, review of data, identifying determinants for specific health issues and best practices. The group will meet biweekly for the next seven months.

Behavioral Health Planning Update

A plan is being developed to integrate the administrative, clinical and fiscal functions of Community Mental Health Services and Community Substance Abuse Services into a comprehensive behavioral health delivery system by July 1, 2005. The goal of the integration is to improve the clinical outcomes, maximize resources and increase client, provider and employee satisfaction. Community focus groups and the work of 11 committees will inform the plan. The 12 focus groups are composed of providers, consumers, advocates, criminal justice representatives, advisory board members, allied agencies, and family/care-takers of consumers. The committees are mainly composed of Department staff but also include some of the external stakeholders mentioned above.

SFGHMC Holiday Party and Toy Drive

The San Francisco General Hospital Medical Center (SFGHMC) Management Forum held its annual Holiday Party and Toy Drive on December 10th. This year's response was impressive. Over 50 managers from all areas of the Medical Center contributed hundreds of new toys to the SFGHMC Volunteers. The toys will be distributed to needy children who are in the hospital and health centers during the holidays.

Commissioners' Comments

- Commissioner Umekubo asked what risk of adverse outcome is presented by the smallpox vaccination. Dr. Katz replied that the risk of death is one to two per million and the risk of serious but recoverable affects is 15 to 20 per million. With regard to short-term adverse affects, most people will be sufficiently ill to be unable to work for a week or so.

- Commissioner Chow asked who would accept liability for DPH employees who suffer an adverse outcome from the vaccination. Dr. Katz replied that these illnesses would be covered under the City's Workers' Compensation Program.

- Commissioner Penn asked how the Department arrived at the decision to offer 1,200 doses of the smallpox vaccine. Dr. Katz said that prior to the survey of DPH workers, each city was asked to request a number of doses. In Phase I, it is likely that 30-50 vaccinations would be administered. The goal is to vaccinate enough DPH workers to be able to evaluate sick patients and perform vaccinations.

- Commissioner Parker asked if there would ever be a situation that would lead to mandatory vaccination. Dr. Katz responded that in general the government cannot mandate vaccination, even if there has been an outbreak of smallpox, unless the Health Officer determines that an individual is at risk of infecting others.

- Commissioner Guy stated that smallpox vaccinations were discontinued because of the assessment by health experts that the risks of vaccination were higher than the risks of non-vaccination. This has not changed. What has changed is the political perception. There is no new evidence. She appreciates that health providers are attempting to bring rationality to this process.

- Commissioner Sanchez said it is important to keep focused on our responsibilities as a Health Department and Health Commission, and look to evidence and research to guide our decisions.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER

Commissioner Penn presented the employee recognition awards for December.

Individual Awardees	**Division**	**Nominated by**
Barbara Kawaguchi	SFGH – Administration	Mozattia Henley, DNS Alban Gaw, M.D. Ernestina Carrillo, LCSW Alex Anagnos, RN, MS Cherice Brown, RN, MS John Butts, RN, and Terry Ellis, LCSW
Mary Magee, RN	SFGH – Birthing Center	Phil Numoto, Director, Env. Health and Safety
Thelma Viray	SFGH – Skilled Nursing Facility	Susan Currin, Chief Nursing Officer

Medical Social Services Team	**Division**	**Nominated by**
Tahnee Gantt, LCSW Margaret Amaral, LCSW	SFGH – Medical Social Services and Trauma Recovery Center	Joseph J. Headlee, Social Work Supervisor

6) PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER ANNUAL REPORT

Gene Marie O'Connell, Executive Administrator, Sue Currin, RN, Chief Nursing Officer, and Renee Navarro, M.D., Chief of Staff, presented the 2001-2002 San Francisco General Hospital Medical Center Annual Report.

Ms. O'Connell described the demographics of the patients served by SFGH in 2001-2002. They served 92,879 patients, 47 percent female and 53 percent male. Nine percent of the patients were homeless. Ms. O'Connell described the utilization trends from 1993-94 in primary care services, outpatient medical/surgery specialty services and emergency and urgent care services. The percentage of time the Emergency Department is on diversion has been increasing and was 32 percent in 2001-2002.

SFGH's budget is $403 million. Patient revenue accounts for $190 million and General Fund accounts for $77 million (19 percent). The majority of the funds are used for Med/Surg Inpatient.

Dr. Navarro and Ms. Currin highlighted how the hospital is meeting the DPH Strategic Goals.

Goal 1: San Franciscans have access to health services they need, while Department emphasizes services to its target population

Strategy 1: Ensure that the Community Health Network continues its vital role in the delivery of health care.

- Improve Trauma Services – developed a Traumatic Brain Injury Program and prepared for ACS verification site visit in 2003
- Emergency and Disaster Response – completed the Hazard Vulnerability Analysis and participated in the annual Health and Medical Disaster Exercises
- Pharmacy Services – implemented a Pharmacy Benefits Management System
- Case Management – continued the ED Case Management Program and established the Medical High Utilizer Care Management Program.

Strategy 2: Improve Integration of physical and behavioral health services for target, vulnerable and at-risk population who needs multiple services

- Integration of medical, mental health and substance abuse services – continued the ISIS Clinic and created a Medical Behavioral Unit.
- Mental Health Rehabilitation Facility – expanded vocational services program and developed a Dual Diagnoses Program.
- Substance Abuse Services – extended length of stay for OTOP, opened the Ozanam Center Medically Assisted Detoxification Program and initiated three new client specialty groups for STOP
- Clinical Institute Withdrawal Assessment for Alcohol

Goal 2: Disease and injury are prevented

Strategy 1: Strengthen prevention activities of the Department

- Disease Prevention Programs – planning for the new Avon Foundation Comprehensive Breast Center, working toward a Baby Friendly certification, responded to the results of the PEP-C Survey

- Patient Safety Programs – established the Performance Improvement and Patient Safety Program, upgraded automated dispensing machines, established a Clinical Pharmacy Management Program
- Injury and Violence Prevention Programs – transferring IP to the Sheriff's Department, formed campus-wide Security Management and Response team and developed a zero tolerance policy, and strengthened the Infant Security Task Force

Goal 3: Services, programs and facilities are cost efficient and resources are maximized

Strategy 1: Continue to adapt a financial strategy that enhances revenue and reduces expenditures to ensure that the overall public health system operates cost-effectively

- Improvements in Patient Flow – extended services at the Discharge Lounge and increased budgeted SNF beds
- Utilization Review – decreased decertified days and established Bed Utilization Committee
- Mental Health Patient Flow Pilot

Strategy 2: Make Overall Improvements in Financing and Operations

- Efforts to maximize revenue – evaluated Nuclear Medicine Department, hired a new contractor to conduct eligibility outreach, established a task force to reorganize the charge capture process and increased pricing based on benchmarking study. Also investigating 340B drug pricing program.

Strategy 3: Address the Infrastructure Needs on the SFGH Campus

- Improving infrastructure at SFGH – developed Long Range Service Delivery Plan and enhanced information systems technologies

Strategy 4: Improve Recruitment, Retention and Training of Staff

- Established the Nursing Retention and Recruitment Committee, and have decreased turnover to 7 percent, compared to the nationwide rate of 16 percent
- Employee Performance and Competency

Goal 4: Partnership with communities are created and sustained to assess, develop and advocate for health funding, programs and services.

Strategy 1: Develop Opportunities to Partner with Other Providers and the Community on Common Health Issues

- Alternatives to Inpatient Care – reorganized Health at Home, continued the Bridge to Wellness Program.

Ms. Currin said that the JCAHO survey was held in 2002 and the hospital was awarded three-year accreditation. The hospital received a score of 97 on the Long-Term Care Survey, a score of 87 on the Hospital Survey and a perfect score for the Bridge to Wellness Program.

Ms. O'Connell presented the FY 2002-03 Strategic Goals:

- Develop the Facility Master Plan for the Rebuild of SFGH
- Complete Level 1 Trauma designation approval process from the American College of Surgeons
- Complete the helipad feasibility study and plan for air medical access
- Complete program development and open the Avon Foundation Comprehensive Breast Center
- Maximize revenue through improved documentation and charge capture
- Implement information systems that support organizational priorities and implement information systems projects
- Implement changes to place mental health patients at the appropriate level of care within Psychiatric Emergency Services, Acute Psychiatry, MHRF and community treatment facilities
- SFGH will continue to maintain compliance with JCAHO and State licensing standards
- SFGH will work towards decreasing turnover of staff and vacancies

Public Comment

Dr. Michael Humphreys thanked the Health Commission and DPH staff for supporting the transfer of the renal center.

Commissioners' Comments

- Commissioner Monfredini applauded Ms. O'Connell and her team for the extraordinary report. She is proud to be part of the San Francisco General Hospital Joint Conference Committee.

- Commissioner Umekubo said the hospital has made tremendous strides and progress over the past years and this is a reflection of the leadership of Ms. O'Connell, the staff and the medical staff. SFGH is not just a part of DPH—it is the backbone. The rebuild presents a lot of opportunity to be more efficient both with infrastructure and with programs. The Commission wants a state-of-the-art hospital.

- Commissioner Sanchez said that SFGH is an astounding institution. There have been major cuts and instead of throwing in the towel, staff has continued to accomplish new things. In addition, the institution has great respect for the community it serves.

- Commissioner Penn did his Ph.D. work on the SFGH campus and always felt a culture of service and compassion there.

- Commissioner Parker is impressed with the many projects and advancements that have been made since he has been on the Commission, such as the soft tissue program and the discharge lounge. These advancements tell the community that SFGH cares and is here to serve, and is looking for better ways to do the job, regardless of the challenges.

- Commissioner Guy appreciates the depth and breadth of services at SFGH. This motivates the Commission to do a higher level of work. The community needs SFGH. Partnership with UC is important but there have been challenges. The Health Commission supports next year's goals.

With regard to the Avon Grant, it is critical that the hospital provide adequate space for group support meetings, which are a critical part of breast cancer recovery and longevity. Ms. O'Connell said that group work has been incorporated into the grant and is very much part of the treatment and recovery model.

- Commissioner Chow stated that he has been through four SFGH JCAHO commission surveys and the performance evaluations have always been a struggle. He cannot recall another institution that has received a 98% rating and commended staff for this major accomplishment. In the near future the hospital and department will face challenges from forces outside of DPH control. It will take creativity and sacrifice to deal with these challenges. Ms. O'Connell has done a great job connecting to other parts of the system—Laguna Honda, Mental Health Services, etc. This is the best public health system in the world, which could not be possible with out the fine work of the administration, hospital staff and medical staff.

7) SAN FRANCISCO GENERAL HOSPITAL MEDICALCENTER POLICIES AND PRODEDURES: INPATIENT UTILIZATION REVIEW PROGRAM; HOSPITAL PLAN FOR PROVISION OF PATIENT CARE; PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PROGRAM (PIPS); ENVIRONMENT OF CARE SAFETY COMMITTEE; AND EMPLOYEE PERFORMANCE AND COMPETENCY REPORT

Commissioners' Comments

- In reference to the Environment of Care Report, Commissioner Chow asked if there is adequate water supply for the campus in the event of an emergency. Mr. Kanaley replied that there are three water supplies from around the region as well as a back-up system on campus. However they wanted to augment the current resources.

Action Taken: The Commission approved the San Francisco General Hospital Medical Center Policies and Procedures: Inpatient Utilization Review Program; Hospital Plan for Provision of Patient Care; Performance Improvement and Patient Safety Program (PIPS); Environment of Care Safety Committee; and Employee Performance and Competency Report.

8) PUBLIC COMMENTS

9) ADJOURNMENT

The meeting was adjourned at 5:40 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

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(Address Correction Requested)

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